

5/1

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000101193**1. Entity Name
FLORIDIAN VALET, INC.Principal Place of Business
**C/O THE CORP.
1731 N 54TH AVE
HOLLYWOOD FL 33021**Mailing Address
**C/O THE CORP.
1731 N 54TH AVE
HOLLYWOOD FL 33021****FILED**
Aug 21, 2002 8:00 am
Secretary of State

05-19-2002 90055 001 ***150.00

41010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1144863

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, JOSE MARCIAL
115 NORTH 31ST AVE
HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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**PRESIDENT
EDUARDO J. PIEDRA
1731 N. 54 AVE.
HOLLYWOOD, FL 33021**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/02

CR2E034 (4/02)

Bank #: 06300004 Acct #: 00003446127641 Check #: 0102

Att. to check
~~41870~~
~~410000101193~~

Amount: \$150.00
Account: 00003446127641
Bank Number: 06300004
CD Volume Number:
Check Number: 0102
Issue Date:
Paid Date:

FLORIDIAN VALET 02-02		429100	102
954-895-7983 1731 N. 54TH AVE. HOLLYWOOD, FL 33021-3925		Date <u>4/24/02</u>	63-4/630 N. 1591
Pay to the order of	<u>Department of State</u>	\$ <u>150.00</u>	
	<u>One Hundred fifty</u>	<u>00</u> Dollars	
Bank of America. 			
ACH R/T 063100277			
For	<u><i>cliff</i></u>		
⑆063000047⑆ 003446127641⑆ 0102 ⑆0000015000⑆			

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
AOOT # 1009068796
MAY 16 2002
BANK OF AMERICA, N.A.
063000047 16347 61 P3
5/2/02