2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 17, 2003 8:00 am Secretary of State P01000101535 DOCUMENT # 1. Entity Name 02-17-2003 90220 022 ***150.00 VALAR, INC. Principal Place of Business Mailing Address 5117 S.W. 122 TERRACE P.O. BOX 840634 COOPERXCITY FL 33330 PEMBROKE PINES FL 33084 2. Principal Place of Business 3. Mailing Address 2490 CEMERGATE DR Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES UNITHIOL City & State 4. FEI Number Applied For 65-1147885 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBERG, VAL R 5117 S.W. 122 TERRACE COOPER CITY FL 33330 CENTERGATE City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Re FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ROSENBERG VAL R ☐ Addition ROSENBERG, VAL R NAME NAME STREET ADDRESS 5117 S.W. 122 TERRACE 2490 CENTERGATE OR#101 STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33330 MIRAMAR FZ 33025 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ___ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

12. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIE

SIGN

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED