

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107698

1. Entity Name

VALENTINA CLEANER, INC.

Principal Place of Business

1948 SW 167 AVE  
POMPANO BEACH FL 33068

Mailing Address

1948 SW 167 AVE  
POMPANO BEACH FL 33068

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MELENDEZ, ALVARO  
1948 SW 167 AVE  
POMPANO BEACH FL 33068

7. Name and Address of New Registered Agent

Name ALVARO - MELENDEZ  
Street Address (P.O. Box Number is Not Acceptable)  
1948 SW 167 AVE  
City POMPANO BEACH FL 33068

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE 4-25-2002

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MELENDEZ, ALVARO  
1948 SW 167 AVE  
POMPANO BEACH FL 33068

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-21-02 Daytime Phone #

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

05-19-2002 90210 019 \*\*\*150.00

96310



DO NOT WRITE IN THIS SPACE

50 000 3525

4. FEI Number  
50,000,3525

Applied For  
Not Applicable

5. Certificate of Status Desired 25 \$8.75 Additional Fee Required

CR2E034 (9/01)