

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90164 041 \*\*\*158.75

**DOCUMENT # P01000117089**

1. Entity Name  
**VALENTINE 0214, INC.**



Principal Place of Business  
**C/O LAURENCE S. ISAACSON  
1900 CORPORATE BLVD., SUITE 305 WEST  
BOCA RATON FL 33431**

Mailing Address  
**C/O LAURENCE S. ISAACSON  
1900 CORPORATE BLVD., SUITE 305 WEST  
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0004219**

Applied For

Not Applicable

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

**KRAMER, ROBERT M  
4000 HOLLYWOOD BOULEVARD  
SUITE 485 SOUTH  
HOLLYWOOD FL 33021**

Name **LAURENCE S. ISAACSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**1900 CORPORATE BLVD.  
SUITE 305 WEST**  
City **BOCA RATON** FL Zip Code **33431**

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 *Laurence S. Isaacson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/24/03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ISAACSON, LAURENCE S**  
CITY-ST-ZIP **1900 CORPORATE BOULEVARD, SUITE 305 WEST  
BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laurence S. Isaacson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/03** **(561) 241-9921**  
Date Daytime Phone #

CR2E034 (10/02)