


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90036 041 \*\*\*150.00

**DOCUMENT # P02000017898**

1. Entity Name  
**VALLEE MARKETING GROUP, INC.**



Principal Place of Business  
421 NORTHLAKE BLVD.  
SUITE G.  
NORTH PALM BEACH, FL 33408

Mailing Address  
421 NORTHLAKE BLVD.  
SUITE G.  
NORTH PALM BEACH, FL 33408

2. Principal Place of Business  
**1001 N. Federal Hwy.**  
Suite, Apt. #, etc.  
**Suite 365**

3. Mailing Address  
**1001 N. Federal Hwy.**  
Suite, Apt. #, etc.  
**Suite 365**

City & State  
**Hallandale, FL**

City & State  
**Hallandale, FL**

Zip  
**33009**

Country  
**Broward**

Zip  
**33009**

Country  
**Broward**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**75-3004051**

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

6. Name and Address of Current Registered Agent  
**VALLEE, NICOLE**  
**628 GULF RD.**  
**NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent  
Name **Vallee, Nicole**  
Street Address (P.O. Box Number is Not Acceptable)  
**1001 N. Federal Hwy.**  
**Suite 365**  
City **Hallandale** FL Zip Code **33009**

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  DATE **4/4/03**

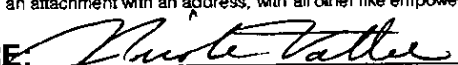
(NOTE: Registered Agent signature required when resigning)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VALLEE, NICOLE</b> <b>628 GULF RD.</b> <b>NORTH PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Vallee, Nicole</b> <b>1001 N. Federal Hwy, Suite 365</b> <b>Hallandale, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Vallee, ReJean</b> <b>1001 N. Federal Hwy, Suite 365</b> <b>Hallandale, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Vallee, Dany</b> <b>1001 N. Federal Hwy, Suite 365</b> <b>Hallandale, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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  DATE **4/4/03** (954) 921-6277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)