2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P02000094243

1. Entity Name

VALENTINA ROBY CATERING, INC.



RANGE

Principal Place of Business 2463 FIELDING CT ORLANDO FL 32806

DOCUMENT #

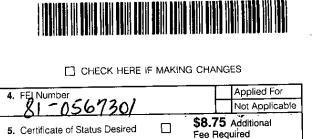
Mailing Address 2463 FIELDING CT ORLANDO FL 32806

2. Principal Place of Business	3. Mailing Address P.O. BOX 848
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State PARK 71.

6. Name and Address of Current Registered Agent

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91163 018 ***150.00



ROBY, ERNEST B 2463 FIELDING CT ORLANDO FL 32806

the obligations of registered agent.

Zip

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

Zip Code 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

7. Name and Address of New Registered Agent

CICALATURE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00	9.	

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Perable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME ROBY, VALENTINA NAME STREET ADDRESS 2463 FIELDING CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME ROBY, ERNEST B NAME STREET ADDRESS STREET ADDRESS 2463 FIELDING CT CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

☐ Delete

☐ Change

☐ Addition