

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91877 003 ***150.00

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DOCUMENT # P02000116564

1. Entity Name

~~VALENCIA ACRES, INC.~~

Nc 18 4-7-03



J. R. L. Contractors, Inc.

Principal Place of Business
18629 SW 107 AVENUE
MIAMI FL 33173

Mailing Address
18629 SW 107 AVENUE
MIAMI FL 33173



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

06-1657703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEVINE, DANIEL A
18629 SW 107 AVENUE
MIAMI FL 33324

7. Name and Address of New Registered Agent

Reardon Levine Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
18629 SW 107 AVE
City *Miami* FL Zip Code *33157*

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

[Signature] *VP Roman Lewis Mont* *04/29/03*

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

(NOTE: Registered Agent signature required when reinstating)

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	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>Eric Reardon</i>	
STREET ADDRESS	<i>18629 SW 107 AVE</i>	
CITY-ST-ZIP	<i>Miami FL 33157</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>Daniel A. Levine</i>	
STREET ADDRESS	<i>18629 SW 107 AVE</i>	
CITY-ST-ZIP	<i>Miami FL 33157</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.29.03

CR2E034 (10/02)