

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **D03000003868**
 Filing Name

FILED

04 APR 22 AM 11:42

ROBERTO O VALLE INC.

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

1. Principal Place of Business Mailing Address
11710 NW SOUTH RIVER DRIVE #312
MEDLEY FL 33178

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 **57-1141863** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERTO O. VALLE
11710 NW SOUTH RIVER DRIVE #312
MEDLEY FL 33178

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See agenda on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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		
OFF	ROBERTO O VALLE ☐ Delete		TITLE	☐ Change ☐ Add	
NAME	11710 NW S. RIVER DRIVE #312		NAME		
STREET ADDRESS	MEDLEY FL 33178		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
OFF	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
OFF	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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OFF	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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 to this address, with all other like empowered.

SIGNATURE: **X** **04/14/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIRCLE 024 (4/99)