

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90129 020 ***150.00

DOCUMENT # PO3000074157
1. Entity Name
CONDE DEL VALLE INVESTMENTS INC.

DO NOT WRITE IN THIS SPACE

94084149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1399 N.W. 17 Av.
Suite, Apt. #, etc. 202
City & State Miami, FL 33125
Zip 33125 Country

3. Mailing Address
P.O. Box 013067
Suite, Apt. #, etc.
City & State Miami, FL
Zip 33101 Country

4. FEI Number 20-0074 099 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ARTHUR MCFUIRE
Street Address (P.O. Box Number is Not Acceptable)
1010 N.W. 11 St. 404
City Miami FL Zip Code 33136

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 criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$450.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>McFUIRE ARTHUR</u> <u>1010 N.W. 11 St. 404</u> <u>Miami, FL 33136</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #