## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9300047683

1. Entity Name VALCO, INC.



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

05-05-2003 90253 030 \*\*\*150.00

Principal Place of Business 7810 NW. 98Th ST. HALEAH FL 33016  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired Fee, Required.  RAMI, FURROKH 16586 S.W. 51TH STREET MIRAMAR FL 33027  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!!  FEE IS \$150.00  After May 1, 2013 Fee will be \$550.00  Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITE PARKE PATEL, MANECK				GOO WE THE				
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES	7810 N.W. 98TH ST.		7810 N.W. 98TH ST.					
City & State  City & State  City & State  City & State  4. FEI Number 65-0419321  Zip  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  \$8.75 Additional Fee Requ	2. Principal Place of Business		3. Mailing Address			Alak kalin bilah i		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Status Desired   Statu	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent    RANI, FURROKH   16586 S.W. 51TH STREET	City & State		City & State		65-M10321		<u> </u>	
RANI, FURROKH 16586 S.W. 51TH STREET   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of Status Desired			
IRANI, FURROKH 16586 S.W. 51TH STREET MIRAMAR FL 33027  City  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P  Delete  TITLE  Addition	6. Name a	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
16586 S.W. 51TH STREET MIRAMAR FL 33027  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Parille NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P Delete  TILE  Change Addition				Name				
MIRAMAR FL 33027  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. I am familiar with, and accept the obligations of registered agent and title if applicable.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  P. 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  P. Delete  TITLE  City  Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		\		Street Address	, s (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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  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  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P Delete  TITLE  City  Addition		itt i						
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to FlorIda Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  P  DATE  \$5.00 May Be Added to Fees  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				City	F	Zip Code	э	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to FlorIda Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P    Delete   Director   Delete   Direct			or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am	familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. Change Addition	SIGNATURE		(MOZ	T. Deviated Asset stands as a series	DATE DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE P Delete Director Delete Delete Director Delete Delete Delete Director Delete Delet	Signature, typed o	r printed name of registered agent	and title if applicable. (NO	E: Hegistered Agent signature requir	red when reinstairing)			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P Delete TITLE Change Addition	After May 1, 2003	3 Fee will be \$550.00			, -	\$5.0		
TITLE P Delete TITLE Change Addition	Make Check Payable to	Florida Department o	of State	•				
	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
	TITLE P		☐ Delete	TITLE		☐ Change	☐ Addition	
		NECK		NAME				
STREET ADDRESS 16586 S.W. 51 ST. STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP				CITY-ST-ZIP				
TITLE V Delete TITLE Change Addition	TITLE V	<del></del> .	☐ ∩elete	TITLE		☐ Change	☐ Addition	
NAME IRANI, FURROKH NAME	•	ROKH	_ 55.00	NAME		_ •	_	
STREET ADDRESS 16586 S.W. 51 ST. STREET ADDRESS				STREET ADDRESS			)	
CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP	CITY-ST-ZIP MIRAMAR F	L 33027		CITY-ST-ZIP	ر د اد المسابق			
TITLE : Delete TITLE Change Addition	TITLE		☐ Delete	TITLE		Change	Addition	
	NAME	,		NAME			•	
NAME NAME	STREET ADDRESS			STREET ADDRESS			;	
STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP				
	TITLE		☐ Delete	TITLE		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP	NAME							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP	1							
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP         STREET ADDRESS CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP         STREET ADDRESS CITY-ST-ZIP           TITLE         Delete         TITLE NAME         NAME         NAME         STREET ADDRESS CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CRADGE         Addition           NAME         NAME         NAME         Addition         Addition								
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS						Change	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	k .		☐ Delete			L_1 Unange		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete								
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS' CITY-ST-ZIP  TITLE NAME STREET ADDRESS' CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS' CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME	OTTEN DEPTINOUS			THE TANDING				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete				CITY-ST-ZIP				

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (305)

305)828-6311