

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057194

1. Entity Name

VALOR INSURANCE CORPORATION

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90163 010 \*\*\*150.00

Principal Place of Business

3775 SW 130TH AVE  
MIAMI FL 33175  
US

Mailing Address

3775 SW 130TH AVE  
MIAMI FL 33175-2823  
US

2. Principal Place of Business

10556 NW. 26 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

D-101

Suite, Apt. #, etc.

SAME

City & State

MIAMI FL

City & State

SAME

Zip

33172

Country

DADE

Zip

SAME

Country

SAME

4. FEI Number

65-0434703

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

VALOR, GLORIA  
3775 S.W. 130 AVE  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name JOAQUIN VALOR

Street Address (P.O. Box Number is Not Acceptable)  
10556 NW. 26 ST D-101

City MIAMI

FL

Zip Code 33172

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

TREASURER

(NOTE: Registered Agent signature required when reinstating)

04/14/2000  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria 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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VALOR, GLORIA	
STREET ADDRESS	3775 SW 130 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	P	<input type="checkbox"/> Delete
NAME	VALOR, JOAQUIN	
STREET ADDRESS	3775 SW 130 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIANA N. ABREU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10556 N.W. 26 ST D-101	
STREET ADDRESS	MIAMI, FL 33172	
CITY-ST-ZIP	TREASURER.	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALOR JOAQUIN	
STREET ADDRESS	10556 N.W. 26 ST D-101	
CITY-ST-ZIP	MIAMI FL. 33172.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 with an address, with all other like empowered.

SIGNATURE: Diana N. Abreu TREASURER. 04/14/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)