

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90018 034 ***150.00

DOCUMENT # P93000072022

1. Entity Name

VALCORP CAPITAL MANAGEMENT, INC.

VALCORP ELITE CONSULTING, INC.
 (Name changed)

Principal Place of Business

8360 WEST FLAGLER ST
 STE 200
 MIAMI FL 33144-2075
 US

Mailing Address

8360 WEST FLAGLER ST
 STE 200
 MIAMI FL 33144-2075
 US

2. Principal Place of Business

4120 MALAGA AVE

3. Mailing Address

4120 MALAGA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FLA

City & State

COCONUT GROVE, FLA

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0455057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARDANO, ENRIQUE
 4120 MALAGA AVENUE
 COCONUT GROVE
 MIAMI FL 33133

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 criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **P** ☐ Delete
 NAME **GARDANO, ENRIQUE**
 STREET ADDRESS **4120 MALAGA AVENUE, COCONUT GROVE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique Gardano

Date

Daytime Phone #

CR2E034 (9/01)