

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011469

1. Entity Name

VALDES-FAULI CORPORATE SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90990 010 ***150.00

Principal Place of Business

2 S. BISCAYNE BLVD., SUITE 3400
 MIAMI FL 33131

Mailing Address

2 S. BISCAYNE BLVD., SUITE 3400
 MIAMI FL 33131-1802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0475120**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHEER, MARK J
 C/O GUNSTER, YOAKLEY, ET AL.
 2 S. BISCAYNE BLVD., SUITE 3400
 MIAMI FL 33131

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, 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

TITLE PD
 NAME VALES-FAULI, RAUL E
 STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 3400
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE VTSD
 NAME FERNANDEZ-QUINCOCES, GUILLERMO
 STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 3400
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE V.
 NAME PLATNER, MICHAEL G.
 STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 3400
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE V
 NAME VAZQUEZ-BELLO, CLEMENTE
 STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 3400
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE V
 NAME PAGE, STEPHEN C.
 STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 3400
 CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE DIVPITIS
 NAME SCHEER, MARK J.
 STREET ADDRESS 2 S. BISCAYNE BLVD., STE 3400
 CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE V
 NAME VALDES-FAULI, RAUL J
 STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 3400
 CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE VP
 NAME GREENE, MICHAEL STEVEN
 STREET ADDRESS 2 S. BISCAYNE BLVD., STE 3400
 CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☒ Addition

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

MARK J. SCHEER

4/20/00

Date

(305) 376-6040

Daytime Phone #

CR2E034 (9/99)