

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90013 007 ***150.00

DOCUMENT # P94000029738

1. Entity Name

VALENTIN, INC.

Principal Place of Business 6346 LANTANA RD SUITE 64 LAKE WORTH FL 33463 US	Mailing Address 6346 LANTANA RD SUITE 64 LAKE WORTH FL 33463-6664 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0493242**

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

WHALEN, TIMOTHY L
301 CLEMATIS STREET
STE #200
WEST PALM BEACH FL 33401

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 _____ (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	<input type="checkbox"/> Delete
NAME	HAWRYLUK, MARCELO	
STREET ADDRESS	8511 WENDY LN N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CHERNOW, SANDRA	
STREET ADDRESS	4165 NW 90 AVE. #203	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWRYLUK, VALENTIN	
STREET ADDRESS	8511 WENDY LN N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAWRYLUK, NORMA	
STREET ADDRESS	8511 WENDY LN N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAWRYLUK, CARLOS	
STREET ADDRESS	8511 WENDY LANE N.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
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
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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: M. Hawryluk M. Hawryluk 4-12-2000 966-9585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)