

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90051 018 \*\*\*150.00

**DOCUMENT # P94000029738**

1. Entity Name  
**VALENTIN, INC.**

00047083



DO NOT WRITE IN THIS SPACE

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 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0493242</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHALEN, TIMOTHY L**  
**301 CLEMATIS STREET**  
**STE #200**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAWRYLUK, MARCELO</b> <b>8511 WENDY LN N</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>CHERNOW, SANDRA</b> <b>4165 NW 90 AVE. #203</b> <b>CORAL SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAWRYLUK, VALENTIN</b> <b>8511 WENDY LN N</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>HAWRYLUK, NORMA</b> <b>8511 WENDY LN N</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HAWRYLUK, CARLOS</b> <b>8511 WENDY LANE N.</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>HAWRYLUK, SANDRA</b> <b>8511 WENDY LN N</b> <b>WEST PALM BEACH FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Marcelo Hawryluk **Marcelo Hawryluk** April 1st, 2001 (561) 966-9565  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)