

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90062 024 \*\*\*158.75

0213461 -AV

**DOCUMENT # P94000045966**

1. Entity Name  
**VALLE FAMILY PROPERTIES, INC.**

Principal Place of Business

**3200 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

Mailing Address

**3200 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

2. Principal Place of Business

**7305 SW 107 Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**7305 SW 107 Ave**  
Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0499175**

Applied For

Not Applicable

Zip

**33173**

Country

Zip

**33173**

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VALLE, JOSE  
3200 PONCE DE LEON BLVD  
2ND FLOOR  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Jose Valle**

Street Address (P.O. Box Number is Not Acceptable)

**7305 SW 107 Ave**

City

**MIAMI**

FL

Zip Code

**33173**

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 of registered agent and title if applicable.

**Jose Valle**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-29-02**

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 **D** ☐ Delete  
NAME **VALLE, JOSE**  
STREET ADDRESS **% 3200 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete  
NAME **VALLE, JULIA**  
STREET ADDRESS **% 3200 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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

**SIGNATURE REQUIRED Jose Valle**

**1-29-02 30547-1194**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)