2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2000 8:00 am Secretary of State DOCUMENT # **P94000064606** VALLE AND ASSOCIATES, INC. 03-02-2000 90014 018 ***150.00 Principal Place of Business Mailing Address 2016 HARBOURSIDE DR. #344 2016 HARBOURSIDE DR. #344 LONGBOAT KEY FL 95608-7330 LONGBOAT KEY FL 34228 E0028733 2. Principal Place of Business 3. Mailing Address BLUD NG Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 860 3 G Applied For City & State 4. FEI Number 65-0516300 5 ARASOTA Not Applicable RASUTA Zip Country \$8.75 Additional 5. Certificate of Status Desired ろいえろ SARASUTA 4236 GARNSUTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALLE, VICENTE Street Address (RO, Box Number is Not Acceptable) 2016 HARBOURSIDE DR. #344 LONGBOAT KEY FL 34228 ARNSOTA 8. The above named exist the purpose of changing its registered office or registered agent, or both, in the State of Florida 2 - 22-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change c Addition TITLE ☐ Delete ADDRESS ONLY VALLE, VICENTE 3439 WALNUT AVENUE # 338 STREET ADDRESS 2016 HARBOURSIDE DR. #344 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LONGBOAT KEY FL 34228** CARMICHAGE, CA 95608-7330 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: 2 18 99 (916) 977 -0807