

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90034 033 ***150.00

DOCUMENT # P95000023301

1. Entity Name
VALMAR PROPERTIES, CORP.

Principal Place of Business Mailing Address

~~13800 SW 8 ST~~ ~~13800 SW 8 ST~~
~~SUITE 381~~ ~~SUITE 381~~
MIAMI FL 33184 **MIAMI FL 33184-3032**

00080281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

P.O. Box 40-3730 *P.O. Box 40-3730*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami Beach FL *Miami Beach FL*

Zip Country Zip Country

33140-1730 *U.S.* *33140-1730* *U.S.*

4. FEI Number Applied For

65-0573368 Not Applicable

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

6. Name and Address of Current Registered Agent

VALIENTE, ALEJANDRO
13800 SW 8 ST
SUITE 381
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name: *MARIA VALIENTE*

Street Address (P.O. Box Number is Not Acceptable): *1131 STILLWATER DR*

Miami Beach

City: State: **FL** Zip Code: *33141*

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]* DATE: *4/18/2000*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	VALIENTE, ALEJANDRO	
STREET ADDRESS	13800 SW 8 ST SUITE 381	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALIENTE, MARIA	
STREET ADDRESS	1131 STILL WATER DR	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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NAME	
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: *[Signature]* **REQUIRED** Date: *04/18/2000* Daytime Phone #: *(305) 698-0666*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR