

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023301

1. Entity Name

VALMAR PROPERTIES, CORP.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90034 033 ***150.00

Principal Place of Business

Mailing Address

13800 SW 8 ST
SUITE 381
MIAMI FL 33184

13800 SW 8 ST
SUITE 381
MIAMI FL 33184-3032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33140-1730

Country
U.S.

Zip
33140-1730

Country
U.S.

4. FEI Number

65-0573368

Applied For

Not Applicable

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

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

Name
MARIA VALIENTE
Street Address (P.O. Box Number is Not Acceptable)
1131 STILLWATER DR
Miami Beach,
City
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 typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
VALIENTE, ALEJANDRO
13800 SW 8 ST SUITE 381
MIAMI FL 33184

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VALIENTE, MARIA
1131 STILL WATER DR
MIAMI FL 33141

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00080281



DO NOT WRITE IN THIS SPACE

REQUIRED

04/18/2000

(305) 698-0666