

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035726

1. Entity Name

VAL-MAR INTERNATIONAL, INC.

Principal Place of Business

5010 SW 119 Avenue
Cooper City, FL. 33330

Mailing Address

Same

2. Principal Place of Business
same as above

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country
Broward

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 PM 4:27

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0588995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Maria Holloway
6952 SW 19 PL
Pompano Beach, FL. 33068

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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 Maria Holloway

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, 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

Valerie Knapp-Banker Delete
5010 SW 119 Ave
Cooper City, FL. 33330

Maria Holloway Delete
6952 SW 19 PL
Pompano Beach, FL. 33068

Delete

Delete

Delete

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1000004719561-4
-12/11/01-01080-029
****150.00 ****150.00

Change Addition

Change Addition

Change Addition

Change Addition

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:

VK Barker Valerie Knapp-Banker 11/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)