

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047902

1. Entity Name

VALCORP SECURITIES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90104 045 \*\*\*158.75

Principal Place of Business

Mailing Address

**VALCORP SECURITIES, INC.**  
**848 Brickell Ave.**  
**Suite 601**  
**Miami, Florida 33131**

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**848 Brickell Ave.**  
**Suite 601**  
**Miami, Florida 33131**

2. Principal Place of Business

848 Brickell Avenue

Suite, Apt. #, etc.

Suite 601

City & State  
Miami Florida

3. Mailing Address

848 Brickell Avenue

Suite, Apt. #, etc.

Suite 601

City & State  
Miami Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0597955

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVENUE STE 3000**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SANTAELLA, JUAN	
STREET ADDRESS	799 BRICKELL PLAZA STE 100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SANTAELLA, ALICIA	
STREET ADDRESS	799 BRICKELL PLAZA STE 100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAELLA, HECTOR	
STREET ADDRESS	799 BRICKELL PLAZA, STE 100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAELLA, MARIANTONIA	
STREET ADDRESS	799 BRICKELL PLAZA, STE 100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAELLA, JUAN B.	
STREET ADDRESS	799 BRICKELL PLAZA, STE 100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN SANTAELLA	
STREET ADDRESS	848 Brickell Avenue, Suite 601	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA SANTAELLA	
STREET ADDRESS	848 Brickell Avenue, Suite 601	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTOR SANTAELLA	
STREET ADDRESS	848 Brickell Avenue, Suite 601	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANTONIA SANTAELLA	
STREET ADDRESS	848 Brickell Avenue, Suite 601	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN B. SANTAELLA	
STREET ADDRESS	848 Brickell Avenue, Suite 601	
CITY-ST-ZIP	Miami, FL 33131	
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: *Juan Santaella* **REQUIRED** **JUAN SANTAELLA, PRESIDENT**

04/14/00

305 3770757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD02EN04 (0/00)