

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91537 040 \*\*\*150.00

**DOCUMENT # P95000047902**  
 1. Entity Name  
**VALCORP SECURITIES, INC.**

Principal Place of Business <b>848 BRICKELL AVE          STE 601          MIAMI FL 33131          US</b>	Mailing Address <b>848 BRICKELL AVE          STE 601          MIAMI FL 33131          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2200 South Dixie Highway</b> Suite, Apt. #, etc. <b>Suite 603</b> City & State <b>Miami, Florida</b>	3. Mailing Address <b>2200 South Dixie Highway</b> Suite, Apt. #, etc. <b>Suite 603</b> City & State <b>Miami, Florida</b>
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4. FEI Number <b>65-0597955</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33133</b>	Country <b>U.S.A</b>	Zip <b>33133</b>	Country <b>U.S.A</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>SANTAELLA, JUAN</b> <b>848 BRICKELL AVE STE 601</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>SANTAELLA, ALICIA</b> <b>848 BRICKELL AVE STE 601</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTAELLA, HECTOR</b> <b>848 BRICKELL AVE STE 601</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTAELLA, MARIANTONIA</b> <b>848 BRICKELL AVE STE 601</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTAELLA, JUAN B.</b> <b>848 BRICKELL AVE STE 601</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Santaella, Juan</b> <b>2200 South Dixie Highway, Suite 603</b> <b>Miami, FL. 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Santaella, Alicia</b> <b>2200 South Dixie Highway, Suite 603</b> <b>Miami, FL. 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Santaella, Hector</b> <b>2200 South Dixie Highway, Suite 603</b> <b>Miami, FL. 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Santaella, Mariantonia</b> <b>2200 South Dixie Highway, Suite 603</b> <b>Miami, FL. 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Santaella, Juan B.</b> <b>2200 South Dixie Highway, Suite 603</b> <b>Miami, FL. 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Juan Santaella* **Juan Santaella** **President** **April 19, 2002** **305 3770757**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)