2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P95000094962 VALAR INVESTMENTS INC. 02-06-2001 90326 042 ***150.00 Principal Place of Business Mailing Address 1875 NW 7TH ST PO BOX 40-3730 MIAMI FL 33125 MIAMI BEACH FL 33140-1730 **A0020303** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0643847 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALIENTE, MARIA Street Address (P.O. Box Number is Not Acceptable) 1131 STILLWATER DR MIAMI BEACH FL 33141 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change VALIENTE, ALEJANDRO NAME NAME STREET ADDRESS 13800 S.W. 8TH ST. #381 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184-CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Printer of the Country of the Countr CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 moowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is 13. I hereby certify that the information n supplied. indicated on this report or supplemental report is true ap of the corporation or the receiver of changed, or on an attachment with to execute this other like en po