## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

ND TYPED OR PRINT

D NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 06, 2000 8:00 am Secretary of State DOCUMENT # P96000021448 1. Entity Name CORREA, VALLE & VALLE, INC. 03-06-2000 90069 008 \*\*\*158.75 Principal Place of Business Mailing Address 5735 S.W. 48 STREET 5735 S.W. 48 STREET MIAMI FL 33155-6034 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business MINORCA AUE 194 MINORCA 94 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0647608 GABUES CORAL Not Applicable Country DADE \$8.75 Additional 5. Certificate of Status Desired HATILDADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORREA, JAIME Street Address (P.O. Box Number is Not Acceptable) 5735 S.W. 48 STREET **MIAMI FL 33155** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Change ☐ Addition ☐ Delete TITLE TITLE JAME FRICK 3690 SW 109 AVE NAME Valle, Erick STREET ADDRESS STREET ADDRESS 5735 S.W. 48 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Change Addition ☐ Delete TITLE TITLE NAME CORREA, JAIME STREET ADDRESS STREET ADDRESS 5735 S.W. 48 STREET CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33155 Change ☐ Addition ☐ Defete TITLE TS NAME VALLE, ESTELA STREET ADDRESS STREET ADDRESS 3690 SW 109 AVE CITY - ST - ZIP CITY-ST-ZIP MIAM! FL 33165 Addition らもくいぞしゃい ☐ Change SECRETARY ☐ Delete TITLE TITLE MARIA CHALGUB MARIA CHAUGUB NAME NAME AUENUE 194 MINDRICA 194 MINORCA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

FILED