

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051757

1. Entity Name

VALEN V.R., INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90051 050 ***150.00

Principal Place of Business

3245 N. COURTENAY PARKWAY
#12
MERRITT ISLAND FL 32953

Mailing Address

425 S. CHICKASAW TRAIL
#256
ORLANDO FL 32825-7852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3385569

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTA, ROBERTO GARCIA
8531 PEPPERCORN DRIVE
ORLANDO FL 32825

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	GALLAS, VICKY	
STREET ADDRESS	8531 PEPPERCORN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	P	<input type="checkbox"/> Delete
NAME	ORTA, ROBERTO	
STREET ADDRESS	8531 PEPPERCORN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

Vicky L. Gallas Vicky Gallas

Date

Daytime Phone #

MAR. 30, 2000 800-608-1593

CR2E034 (9/99)