

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90331 034 ***150.00

DOCUMENT # P96000051757

1. Entity Name

VALEN V.R., INC.

Principal Place of Business

**3245 N. COURTENAY PARKWAY
 #12
 MERRITT ISLAND FL 32953**

Mailing Address

**425 S. CHICKASAW TRAIL
 #256
 ORLANDO FL 32825**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3385569**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTA, ROBERTO GARCIA
 8531 PEPPERCORN DRIVE
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name

Vicky Gallas

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

8531 Peppercorn DR.

City

ORLANDO

FL

Zip Code

32825

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 **Vicky L. Gallas**
 Signature, typed or printed name of registered agent and title and date.

Vicky L. Gallas
 Treasurer

April 15, 2001
 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, 2001 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

T ☐ Delete
 NAME **GALLAS, VICKY**
 STREET ADDRESS **8531 PEPPERCORN DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

P ☒ Delete
 NAME **ORTA, ROBERTO**
 STREET ADDRESS **8531 PEPPERCORN DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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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 L. Gallas** **April 15, 2001** **800-608-1593**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)