

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052143

1. Entity Name

V.A.L. INTERNATIONAL CORP.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90001 028 ***150.00

Principal Place of Business

Mailing Address

7280 W. MCNAB ROAD STE 305
 FORT LAUDERDALE, FL 33068

7280 W. MCNAB ROAD STE 305
 FORT LAUDERDALE, FL 33068

2. Principal Place of Business

3. Mailing Address

2004 Champions Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

No Lauderdale FL

4. FEI Number

Applied For

65-0674470

Not Applicable

Zip

Country

Zip

Country

FL33068

USA

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

ANGULO MICHELE

7280 W. MCNAB ROAD STE 305
 FORT LAUDERDALE, FL ##) c*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	ANGULO MICHELE	7211 SPORTSMAN DRIVE	N. LAUDERDALE, FL 33068				
	VOTO-BERNALES, MARTHA	7211 SPORTSMAN DRIVE	N. LAUDERDALE, FL 33068				
	LANDAVERE, JAIME	PARQUE MORA 120 DPT 404	SAN ISIDRO LIMA PERU				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-00

CP2E034 (9/99)