2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700000981 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** VALEN INTERNATIONAL, INC. 03-03-2000 90034 040 ***158.75 Principal Place of Business Mailing Address 1015 N 25TH AVE 541 .E SAMPLE RD HOLLYWOOD FL 33020-3403 POMPANO BEACH FL 33064-4425 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0715751 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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** DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE VALENTICH, HAROLD N NAME MARKE STREET ADDRESS STREET ADDRESS 1015 N 25TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ROBERT L. VALENTICH 1555 Delaney Dr. #1115 ☐ Change ☐ Addition ☐ Delete TITLE VALENTICH-ROBERT L NAME STREET ADDRESS 3660 NORTHEAST 188 STREET, SUITE 7:10 STREET ADDRESS Tallahassee , CITY-ST-7/P CITY-ST-ZIP NORTH MIAMI-BEACH FL 33160 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change noitibhA 🔲 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

HN Valentich 15-Feb-00

FILED