

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015281

1. Entity Name

VALENTIN SERVICES, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90331 009 ***150.00

Principal Place of Business

1807 SE 17TH CT
POMPANO BEACH FL 33062
US

Mailing Address

1820 N 17 AVE
POMPANO BEACH FL 33062
US

00040042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 N. 17 AVE
#4

3. Mailing Address

1820 N. 17 AVE
#4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOLLYWOOD, FL
Zip 33020 Country

City & State

NOLLYWOOD, FL
Zip 33020 Country

4. FEI Number 65-0733116

Applied For

Not Applicable

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

ROTARU, VALENTIN

1807 SE 17TH CT
POMPANO BEACH FL 33062

Name

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

1820 N. 17 AVE
#4

City

NOLLYWOOD

FL

Zip Code

33020

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROTARU, VALENTIN	
STREET ADDRESS	1807 SE 17TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1820 N-17 AVE-#4	
STREET ADDRESS	NOLLYWOOD, FL 33020	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/01 (954) 683-1375

Date

Daytime Phone #

CR2E034 (10/00)