

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90088 009 \*\*\*150.00

629542



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000020202

1. Entity Name

VALLADARES ENTERPRISE, INC.

Principal Place of Business

Mailing Address

227 TAYLOR ST.  
PUNTA GORDA FL 33950  
US

227 TAYLOR ST.  
PUNTA GORDA FL 33950-4427  
US

2. Principal Place of Business

410 Rene Barrios

3. Mailing Address

410 Rene Barrios

Suite, Apt. #, etc.

232 Lido Dr.

Suite, Apt. #, etc.

232 Lido Dr.

City & State

Punta Gorda, FL.

City & State

Punta Gorda, FL.

Zip

33950

Country

US

Zip

33950

Country

US

4. FEI Number

65-0752903

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

LEMUS, CPA, ANTONIO  
112 MARCIA DR  
ALTAMONTE SPRINGS FL 32714

Name

Rene Barrios

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

232 Lido Dr.

City

Punta Gorda

FL

Zip Code

33950

3. 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

*Rene Barrios* Rene Barrios Pres.

3/24/00

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	P	<input type="checkbox"/> Delete
NAME	BARRIOS, RENE	
STREET ADDRESS	227 TAYLOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VALLADARES, BLANCA	
STREET ADDRESS	227 TAYLOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	T	<input type="checkbox"/> Delete
NAME	VALLADARES, IVETTE	
STREET ADDRESS	227 TAYLOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barrios Rene	
STREET ADDRESS	232 Lido Dr.	
CITY-ST-ZIP	Punta Gorda, FL-33950	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ivette Valladares-Barrios	
STREET ADDRESS	232 Lido Dr.	
CITY-ST-ZIP	Punta Gorda, FL-33950	
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		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Rene Barrios* Rene Barrios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

DATE

941-637-1200

Daytime Phone #

CR2E034 (9/99)