

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039211

1. Entity Name  
**VALRO, INC.**

Principal Place of Business

7095 S.W. 47 STREET  
MIAMI FL 33155  
US

Mailing Address

7095 S.W. 47 STREET  
MIAMI FL 33155  
US

2. Principal Place of Business

3. Mailing Address

6401 S.W. 87 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 204

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33173

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS & CARNEY  
6401 S.W. 87 AVENUE  
SUITE 204  
MIAMI FL 33173

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, 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	D	<input type="checkbox"/> Delete
NAME	ROSOVSKY, JUAN	
STREET ADDRESS	7095 SW 47 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTI, ALICIA SUZANA	
STREET ADDRESS	7095 S.W. 47 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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

JUAN ROSOVSKY

Date

28<sup>th</sup> of MARCH 2001

Daytime Phone #

(305) 865-7160



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)