(305) 446-3117

04/28/00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104745 1. Entity Name VALMONTE, INC.					FILED 00 JUN -2 PM 3: 26					
Principal Place of Business 2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES FL 33134		Mailing Address 2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES FL 33134-5218		7	A	SECRETARY TALLAHASSEE			hi 4111 +881	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPA	CE		
City & State		City & State		4. F	El Number	65-0804926			olied For Applicable	
Zip	Country	Zip	Country	5. (Certificate of S	Status Desired		.75 Addi Required		
	6. Name and Address of Current R	legistered Agent		7. N	lame and Ad	dress of New Regist	ered Age	nt		
-1-			Name							
TRESCOTT, ROBERT L 2121 PONCE DE LEON BLVD.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
	E 900 Al gables fl 33134	071				· '		Zip Code		
			City				FL			
Signature, typed or printed name of registered agent of the second seco		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		0 50.00 of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
11.	OFFICERS AND D	DIRECTORS	12.	AD						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENRA, CARLOS FRAGOSO 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			000325 -06/21/00 ****150.0)i) *: 010:	55U. k**15(0.00	
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	certify that the information supplied with on this report or supple tiental leport is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report	the exemption state by signature shall he as required by Chap	ed in Section we the same oter 607, Flori	119.07(3)(i), l legal effect a ida Statutes; a	Florida Statutes. I furth s if made under oath; and that my name app	er certify that I am ears in B	that the in an officer ock 11 or	formation or director Block 12 if	