FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91517 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015387

1. Entity Name
VALTEZ INFORMATION SYSTEMS INC

100000008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8053 NW 52 ST	P.O BOX 558627
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: US	Zip: 33255 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0872692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: RAFAEL A. CASTRO III, ESQ

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

224 CATALONIA AVENUE

City: CORAL GABLES FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rafael Castro RAFAEL A. CASTRO III, ESQ DATE: 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/S/T
NAME	RAFAEL A. CASTRO
STREET ADDRESS	8053 NW 52 ST
CITY-ST-ZIP	MIAMI, FL 33
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL A CASTRO 4/24/03 (305) 274-7410
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #