

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90137 048 \*\*\*150.00

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**DOCUMENT # P98000032253**

1. Entity Name  
**VALDI GLOBAL MANAGEMENT INC.**



Principal Place of Business  
**P O BOX 2502**  
**SARASOTA FL 34230**

Mailing Address  
**P O BOX 2502**  
**SARASOTA FL 34230**



2. Principal Place of Business  
**SARASOTA**

3. Mailing Address  
**P.O. BOX 2502**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SARASOTA, FL**

City & State  
**FLORIDA, SARASOTA**

4. FEI Number  
**59-3501932**

Applied For  
Not Applicable

Zip  
**34230**

Country  
**USA**

Zip  
**34230**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**DUDEK, WALDEMAR**  
**175 HOULE AVE**  
**SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name  
**WALDEMAR DUDEK**  
Street Address (P.O. Box Number is Not Acceptable)  
**175 HOULE AVE**  
**SARASOTA, FL 34232**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-26-2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P. DUDEK, WALDEMAR</b>	<b>P.O BOX 2502</b>	<b>SARASOTA FL 34230</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-26-03**

CR2E034 (10/02)