## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:-

## FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90376 036 \*\*\*158.75

DOCUMENT # P98000079566				04-24-2002 903	04-24-2002 903/6 036 ****158./5	
1. Entity Name						
1. Entity Name  VALCOR REALTY PARTNERS, INC.						
VALOR KEHLIY PITATNEICS, INC.				637017		
DO NOT WRITE IN THIS SPACE						
Principal Place of Business     3. Mailing Address						
4931 WORTHINGTON CIZ 7777 N. WIC Suite Apt. #. etc. Suite Apt. #. etc.			KHAN RD.			
Suite, Apt. #, etc. Suite. Apt. #, etc. # 12 - 32		3	DO NOT WRITE IN THIS SPACE			
City & State City & State		City & State  MELTOVAN		4. FEI Number 59 - 3532755	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
<u> 3295</u>	5   USA	32940	USA	7. Name and Address of Current Registere	Fee Required	
Name			AM L. PITTENGER			
Street Address (C				(P.O. Box Number is Not Acceptable)		
IN THIS SPACE				WORTHN FOOD CIRCLE		
			City 1/15	A CI	Zip Code	
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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  DATE  OF THE NOTE Registered Agent signature required when reinstating)						
9. This corporation is eligible to satisfy its Intengible  January 1 - May 1 Fee is \$150,00						
Tax filing requirement and elects to do so.  Amended JIBR is \$6125				10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
·	ria on back)	Make Check Payable	to Department of Sta			
11.	OFFICERS AND E		тте		110000000000000000000000000000000000000	
NAME STREET ADDRESS	WILLIAM L. PIT	TENORL	NAME			
STREET ADDRESS CITY-ST-ZIP	4931 WORTHINGS	32955	STREET ADDRESS CITY-ST-ZIP			
TITLE	<del>  • • • • • • • • • • • • • • • • • • •</del>		JITÚ			
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NAME			NAME			
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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 on an attachment with an address, with all other like empowered.						
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