## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000091199 Apr 10, 2000 8:00 am Secretary of State VALIENTE TECHNOLOGIES, INC. 04-10-2000 90164 046 \*\*\*150.00 Mailing Address Principal Place of Business 727 CLIMATE DRIVE 727 CLIMATE DRIVE BRANDON FL 33511-6215 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0874355 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALIENTE, JR, CARLOS Street Address (P.O. Box Number is Not Acceptable) 727 CLIMATE DR **BRANDON FL 33511** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** ☐ Delete TITLE TITLE VALIENTE, CARLOS JR NAME STREET ADDRESS 727 CLIMATE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Change ☐ Addition ☐ Delete TITLE TITLE VALIENTE, BARBARA A NAME NAME STREET ADDRESS 727 CLIMATE DRIVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP Addition TITLE Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR