

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000104811**

1. Entity Name

**Valbo Investment Group, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1300 N.W. 29th St**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, Florida**

City & State

Zip

Country

Zip

Country

**33142**

**USA**

4. FEI Number

**65-0901045**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Valdes Miriam B.**

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

**7830 S.W. 86th**

City

**MIAMI**

**FL**

Zip Code **33143**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **President**  
NAME **Valdes, MIRIAM B.**  
STREET ADDRESS **7830 S.W. 86th MIAMI, Fla.**  
CITY-ST-ZIP **33143**

TITLE **V. President**  
NAME **Valdes, LARRO R.**  
STREET ADDRESS **7830 S.W. 86th MIAMI, Fla.**  
CITY-ST-ZIP **33143**

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**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:

**Miriam B. Valdes**

**7/12/02**

**305-435-4441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345 (12/01)

*Valbo Investment Group, Inc.  
1300 N.W. 29<sup>th</sup> Street  
Miami, Fl 33142*

272

July 16, 2002

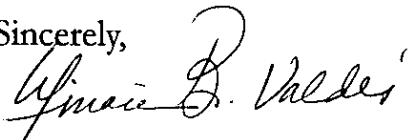
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

SUBJECT: VALBO INVESTMENT GROUP, INC.  
Ref. Number: P98000104811

Regarding the above reference number, I have enclosed the \$600 reinstatement fee. Also I have not received the Annual Report/Uniform Business Report for the following years of 2001 & 2002.

If any information is needed please feel free to contact me at the number listed below.

Sincerely,



Miriam B. Valdes  
President

*1300 N.W. 29<sup>th</sup> Street • Miami, Fl • 33142  
PHONE: 305-635-4441 • FAX: 305-635-1513*