

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011717

1. Entity Name

VALLE SAN CARLOS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90084 002 ***158.75

Principal Place of Business

Mailing Address

2424 N.W. 46TH ST.
MIAMI FL 33142

2424 N.W. 46TH ST.
MIAMI FL 33127-4631

2. Principal Place of Business

3. Mailing Address

831 NW 31 ST. TERR 831 NW 31 ST. TERR
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

MIAMI

MIAMI

Zip

Country

Zip

Country

33127-4631

MIAMI

33127-4631

MIAMI

4. FEI Number

Applied For

65-0895718

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JORGE
585 NORTH SHORE DRIVE
MIAMI BEACH FL 33141

Name

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

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.

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)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME *President - Secretary*
STREET ADDRESS *JUAN CARLOS HENKERA*
CITY-ST-ZIP *831 NW 31 ST. TERR MIAMI FL 33127*

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)