2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000027925 **DOCUMENT #**

1. Entity Name VALJÍM, INC.

SIGNATURE:



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90572 001 ***450.00

467 428 1676

					'	WE TO						
Principal Pla 5209 MCCO ORLANDO F	ace of Busine Y-ROAD L 32812	ss 110 N= 7	UANIDE BL +34 FL32804	Mailing Address Mailing Address Mailing Address	llo W.	IUNIÞEB 34 FU 308	4 III		01995		i 11 88) 6 111 1 88 1	
2. Principal	Place of Bus.	iness	3.	Mailing Address	,		- T					
Suite, Apt. #, etc. Suite, Apt. #, etc.								CHECK HERE	E IF MAKING	GHANGES	3	
City & State				City & State			4. FEI Number 59-358705					
Zip		Country		Zip	Country		5. Certifica	e of Status Desired		\$8.75 Ad	ditional	
	6. Name	and Addres	s of Current Regi	stered Agent	1		7. Name an	d Address of New	Registered A			
			-		- N	lame -		and the are				
HILLMAN, RANDY						Street Address (P.O. Box Number is Not Acceptable)						
	ILLCREST S				٥	meer Address (I	aux inumi	Jei is NOI ACCEPIADI	e)			
ORLAND	O FL 32801											
					C	Dity			FL	Zip Cod	ie	
8. The above	e named entit	y submits this	statement for the	purpose of changing its	reaistered o	ffice or registere	ed agent, or b	oth in the State of El		familiar with	and account	
the obliga	ations of regis	tered agent.	·			es al logistori	ou again, or b	on, in the State of F	onda. Faiiri	anımaı willi,	апо ассері	
SIGNATURE												
OIGIW (I O/IE		or printed name of	registered agent and title	if applicable. (NOTE	: Registered Age	ent signature required	when reinstating)		DATE			
F	ILE NOW!	!! FEE IS \$	150.00									
		3 Fee will !					9. E	lection Campaign Fi	nancing	\$5.0	00 May Be	
Make Checi	k Payable to	Florida De	partment of Stat	e			Ti	ust Fund Contribution	on. 🗀) Åddec	d to Fees	
10.		OFI	ICERS AND DIREC	CTORS	11.	-	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11	
TITLE	D			☐ Delete	TITLE				10211071110	☐ Change	☐ Addition	
NAME	SHAPIRO,	JAMES	14/7	- IMHOE BLL	NAME					Change	- Addition	
STREET ADDRESS	5309 MCC	COY ROAD	HIO MT	#34 .	STREET AD	DRESS						
CITY-ST-ZIP	OHLANDO	FE 32012	MAM	(U 3780)	CITY-ST-Z	ZIP						
TITLE	V			Delete UNHOE BLU 3380) UNHOE BLU H34 WIND Belete H34 WIND Belete H34	TITLE					☐ Change	☐ Addition	
NAME	SHAPIRO,	VALERIE	1110 NA	VINHOU BU	NAME							
STREET ADDRESS City-St-Zip	ODIANDO	UY-H D	MAMO	F132804	STREET ADI							
	DOT	TE 32012	01-4-4-4		CITY-ST-Z	IP				<u> </u>		
TITLE NAME	SHADIDO	IAMES 1	110 WIN	WINCEBEUP	TITLE			يريان سام		☐ Change	Addition	
STREET ADDRESS	5309 MCC	OAMES I	110 10 20	#34	NAME STREET ADI	npree						
CITY-ST-ZIP	OBLANDO	FL 32812	mano	#34 FL 3284	CITY-ST-ZI							
TILE	T			Delete	TITLE					Change	Additio-	
iame					NAME					☐ Change	☐ Addition	
TREET ADDRESS					STREET ADD	DRESS						
CITY-ST-ZIP					CITY-ST-ZI	P						
ITLE				☐ Delete	TITLE			- '	-	Change	Addition	
IAME TREET ADDRESS					NAME					-		
ITY-ST-ZIP					STREET ADD							
ITLE	1	···			CITY-ST-Zi	r	·	71-7				
AME				LJ Delete	TITLE					☐ Change	☐ Addition	
TREET ADDRESS					NAME STREET AND	DECC.						
ITY-ST-ZIP					STREET ADD	, , , , , , , , , , , , , , , , , , ,						
2. I hereby c	ertify that the	information s	upplied with this fill	ing does not qualify for t	ho overnotio	n stated in Sect	tion 110 07/01/	0.51-11-0				
indicated of the corr	on this report	or suppleme	ntal report is true a	ing does not qualify for t nd accurate and that my	y signature s	hall have the sa	iion 119.07(3)(ime legal effec	ı), morida Statutes. I t as if made under o	turther certif ath; that I an	y that the ini	formation or director	
changed,	or on an attac	chmen with a	n address, with all	to execute this report a other like empowered.	s required by	y Chapter 607, I	Florida Statute	s; and that my name	appears in	Block 10 or f	Block 11 if	

RE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR