

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90298 027 ***150.00

DOCUMENT # P99000028391

1. Entity Name

VALMAR DIESEL REPAIRS, INC.

Principal Place of Business

Mailing Address

SW 38 ST
 FL 33155

PO BOX 162714
 MIAMI FL 33116-2714

2. Principal Place of Business

3. Mailing Address

VALMAR DIESEL REPAIR

Suite, Apt. #, etc.

P.O. Box 1752

City & State
Key Largo

Zip

Country

Zip

Country

33031

MORDE

4. FEI Number

66-0911434

Applied For

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

ROJAS, ESPERANZA
 2101 SW 16 ST.
 MIAMI FL 33145

Name **Valdes Marta**

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

157 Bahama Ave Key Largo FL 33031

P.O. Box #1752

City **Key Largo**

FL

Zip Code

33031

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 *Marta Valdes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/14/00
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D <input type="checkbox"/> Delete	VALDES, RIGOBERTO 157 BAHAMA AVE KEY LARGO FL 33031	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	VALDES, MARTA C 157 BAHAMA AVE KEY LARGO FL 33031	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Key Largo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
 Date

305-242-1121
 Daytime Phone #

CR2E034 (9/99)