

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90310 049 ***150.00

DOCUMENT # P99000057861

1. Entity Name

VALORES LA ROMANA, CORP.

Principal Place of Business

Mailing Address

**8548 N.W. 72 ST.
MIAMI FL 33166****8548 N.W. 72 ST.
MIAMI FL 33166-2300****D0048002**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

777 NW 72 AVE**777 NW 72 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 BB66**2 BB66**

City & State

City & State

MIAMI, FLORIDA**MIAMI, FLORIDA**

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33126**DADE****33126****DADE**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

**PIRELA, JUAN CARLOS
8548 N.W. 72 ST.
MIAMI FL 33166**Name **PIRELA, JUAN CARLOS**

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

777 NW 72 AVE # 2BB66City **MIAMI****FL**Zip Code **33126**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DE URDANETA, DELIA	8548 N.W. 72 ST.	MIAMI FL 33166	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	RINCON, ADRIANA	8548 N.W. 72 ST.	MIAMI FL 33166	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	URDANETA, LEONARDO	8548 N.W. 72 ST.	MIAMI FL 33166	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	PIRELA, JUAN CARLOS	8548 N.W. 72 ST.	MIAMI FL 33166	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #