

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000061559

1. Entity Name

CARMEN VALENTIM WEDDING & PARTIES, CORP.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90032 050 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

9 NE 45th STREET

Suite Apt. #, etc.

3. Mailing Address

9 NE 45th STREET

Suite Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

4. FEI Number

65-0929998

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

Name

CARMEN L. VALENTIM

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

9 NE 45th STREET

City

POMPANO BEACH

FL

Zip Code

33064

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: Register Agent signature required when reinstalling)

04/25/00

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

TITLE **P/S** ☐ Delete
NAME **SIDNEI E. VALENTIM**
STREET ADDRESS **9 NE 45th STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

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

TITLE **VP/T** ☐ Delete
NAME **CARMEN L. VALENTIM**
STREET ADDRESS **9 NE 45th STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 19.07(3)(1), 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 N 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

04/25/00

Date

(954) 941-8980

Daytime Phone #