			CORPORA	
UNIFOR	RM B	<u>USINES</u>	S REPORT	(UBR)

DOCUMENT # P9900062999 1. Entity Name VALENTE, INC. Principal Place of Business 2212 E OAKLNAD PARK BLVD FT LAUDERDALE FL 33306 PT LAUDERDALE FL 33306 PRINCIPAL PRINCIPAL PARK BLVD FT LAUDERDALE FL 33306					03 JUN 12 AM II: 19 DELIGHE FARY OF LIABE TABLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address			 -	Dok Blue	;	[1]	12110 1911 1917	
Suite, Apt. #, etc.		2212 E Oakland Poek Suite, Apt. #, etc.		1,00.0	CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0939367		pplied For	
Zlp	Country	Zip .	Coun	otry		\$8.75 Ac		
	6. Name and Address of Current	Peristered Agent			7. Name and Address of New Regis	Fee Requir	90	 .
	A THE THE PARTY OF CHILDIE		-	Name	· · · · · · · · · · · · · · · · · · ·			l
MOCCI LETTORÉ 3282 N 29 COURT				Street Address (P.O. Box Number is Not Acceptable)				
•	HOLLYWOOD		0	City		FL Zip Cox	de de	
	e named entity submits this statement to tions of registered agent.	r the purpose of changing its r	egistere	ed office or registere	ad agent, or both, in the State of Florida	. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature required	when reinstating)	DATE		I
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department or	f State			Election Campaign Financi Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOCCI, ETTORE 3282 N 29TH COURT HOLLYWOOD FL 33020	☐ Delete		1		☐ Change		CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Errc W. And 2212 E Oakl	erson ara Pt, Blud	CITY-	E ET AODRESS -ST-ZIP	·	Change	Addition	CR2
TITLE NAME STREET ADORESS CITY-ST-ZIP	Secretary, Tree			,		· · Change	· Addition -	. -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		J	Halis	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote		- 1		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		,		☐ Change	Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty or on an attachment with an address.	true and accurate and that my	signati	ure shall have the sa	ime legal effect as if made under oath: t	hat I am an officer	or director	