

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02899

1. Entity Name

VALLEE INTERIOR DESIGNS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90060 017 ***158.75

Principal Place of Business

Mailing Address

10000 NW 80TH CT
#2120
GARDENS FL 33016

10000 NW 80TH CT
#2120
HIALEAH GARDENS FL 33016-2226

2. Principal Place of Business

3. Mailing Address

7231 MIAMI LAKEWAY S
Suite, Apt. #, etc.

7231 MIAMI LAKEWAY S
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL
Zip
33014
Country
USA

City & State
MIAMI LAKES FL
Zip
33014
Country
USA

4. FEI Number

65-0263056

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

VALLEE, GENOVEVA
10000 NW 80TH CT
HIALEAH FL 33016

Name

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

City

FL

Zip Code

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 *Genoveva Vallee*
Signature, typed or printed name of registered agent, and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/2000

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	<input type="checkbox"/> Delete
NAME	VALLEE, GENOVEVA	
STREET ADDRESS	10000 NW 80TH CT 2120	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENOVEVA VALLEE	
STREET ADDRESS	7231 MIAMI LAKEWAY S	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 #

Genoveva Vallee

3/15/2000 (305) 827-5766

CR2E034 (9/99)