

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S04696

1. Corporation Name

VALLAS ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

500 BRAZILIAN AV DOCKS
PALM BEACH FL 33480
US

Mailing Address

500 BRAZILIAN AV DOCKS
PALM BEACH FL 33480
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90032 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1990

4. FEI Number

65-0274066

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 3546 S OCEAN BLVD #224

2a. Mailing Address

26 3546 S OCEAN BLVD #224

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 724

27 724

23 PALM BEACH, FL

28 PALM BEACH, FL

Zip Country

Zip Country

24 33480 25 USA

29 33480 30 USA

9. Name and Address of Current Registered Agent

VALLAS, PETER R.
4220 INVERRARY BLVD. 97B
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name

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

3546 S OCEAN BLVD

83 # 724

84 City

PALM BEACH

FL

85 Zip Code

33480

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
VALLAS, PETER
4220 INVERRARY BLVD. 97B
LAUDERHILL FL 33319

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
VALLAS, PETER S
150 OVERLOOK AVE PH-4
HACKENSACK NJ 07601

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

3546 S OCEAN BLVD. 724
PALM BEACH, FL. 33319

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

DELE

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

3-5-99

561-547-4340

CR2E034 (11/98)