				4	DILDD
			NESS REPO	RT	FILED Mar 27, 2002 8:00 am
DOCUN 1. Entity Name		# S0469	6		Secretary of State
VALLAS EI	NTERPR	ISES OF FLORIDA	, INC.	- 4	03-27-2002 90091 027 ***150.00
Principal Place	of Business	3	-Mailing Address		
3546 S OCEAN STE. 724 PALM BEACH F US			3546 S OCEAN BLVD STE. 724 PALM BEACH FL 33480 US		
Principal Place of Business		3. Mailing Address		THOUSEN HAN BUT AND AND THE THY BUT THE BUT AND AND AND AND ADDRESS OF THE SAME ADDRESS OF THE SAME AND ADDRESS OF THE SAME AND ADDRESS OF THE SAME ADDRESS OF THE SAME ADDRES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	1		City & State		4Fertimber 65-0274066 Applied For Not Applicable
Zip Country		Zip	Country	5. Certificate or Status Desired	
	6. Name	and Address of Current F	Registered Agent -	Name .	7:-Name and Address of New Registered Agent
VALLAS, PE	ETER R.			Street Address (P	O. Box Number is Not Acceptable)
3546 S OC	EAN BLVD	•		,	all
STE. 724 PALM BCH	FL 33480			City	FL Zip Code
8. The above n	named entity	submits this statement for	the purpose of changing its re	egistered office or registere	d agent, or both, in the State of Florida.
SIGNATURE	Signature, typed i	or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature required v	when reinstating) .DATE .
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			i amay may 1 2002 Ega will ba seen oo i		
(See criteria	•		• ′		10. Election Campaign Financing Trust Fund Contribution. S5.00 May Added to Fee.
(See criteria	•		Make Check Payable		Trust Fund Contribution. Added to Fee
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2002 UNIFORM BUSINESS REPORT Gofre

1. Entity Name	e ·	36 / (Q//	724			
VALLAS E	INTERPRISES OF FLORID.	A, INC.				
Principal Place of Business 3546 S OCEAN BLVD STE. 724 PALM BEACH FL 33480		Mailing Address - 3546 S OCEAN BLVD STE. 724 PALM BEACH FL 33480			DANAN METU ANDU ANDU ANDU ANDU IRAK	
US 2. Principal Place of Business		US 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE	
City & State		City & State		4 FF in mbox	Applied For	
Zip Country		Zip Country		65-0274066	Not A Oplicable \$8.75 Additiona	
	6. Name and Address of Curren			Certificate of Status Desired Name and Address of New Registere	Fee Required	
		· · · · · · · · · · · · · · · · · · ·	Name .			
VALLAS, P 3546 S O(PETER R. CEAN BLVD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
STE. 724						
PALM BCH	1 FL 33480		City	F	L Zip Code	
SIGNATURE _ 9. This corpo Tax filing re	Signature, typed or printed name of registered ager praction is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	is and little if applicable. (NOT	E: Registered Agent signature red	10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee.	
11.	OFFICERS AND	D DIRECTORS	12,	ADDITIONS/CHANGES TO OFFICERS A	·	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP). 25	☐ Delete	TITLE DAME STREET ADDRESS CITY-ST-ZIP	"ne -	☐ Change ☐ Addition	
13. I hereby indicated of the co changed	TUBE: VILLE	$\geq I(XX) _{L}$	or the exemption stated in my signature shall have as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further the same legal effect as if made under oath; tha 607, Florida Statutes; and that my name appea	certify that the information till am an officer or director is in Block 17 or Block 18 if	
Į.	Signa, Site in	Or T. Dilleto Of AICEN		t /	- 27	