

2002 UNIFORM BUSINESS REPORT

DOCUMENT # **S04696**

1. Entity Name
VALLAS ENTERPRISES OF FLORIDA, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90091 027 ***150.00

Principal Place of Business Mailing Address
3546 S OCEAN BLVD **3546 S OCEAN BLVD**
STE. 724 **STE. 724**
PALM BEACH FL 33480 **PALM BEACH FL 33480**
US **US**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. Filing Number **65-0274066**
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALLAS, PETER R.
3546 S OCEAN BLVD
STE. 724
PALM BCH FL 33480

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
D VALLAS, PETER
STREET ADDRESS **3546 S OCEAN BLVD #724**
CITY-ST-ZIP **PALM BCH FL 33480**
TITLE NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-
TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

SORRY DAMAGED IN MAIL.

Lo name
(201) 487-8901 x12

13. I hereby 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

03/14/02
Date

03/14/02
Date

2002 UNIFORM BUSINESS REPORT

Attachment

Copy

DOCUMENT #

S04696

1611724

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Mailing Address

3546 S OCEAN BLVD
STE. 724
PALM BEACH FL 33480
US

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STE. 724
PALM BEACH FL 33480
US



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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Filing Number

65-0274066

Applied For

Not Applicable

5. Certificate or Status Desired

☐

\$8.75 Additional Fee Required

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7. Name and Address of New Registered Agent

VALLAS, PETER R.
3546 S OCEAN BLVD
STE. 724
PALM BCH FL 33480

Name

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
D
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3546 S OCEAN BLVD #724
PALM BCH FL 33480 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

03/14/02

201
487-8901