

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87180

1. Entity Name

VAL TRAVEL AND TOURS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90068 024 ***150.00

Principal Place of Business	Mailing Address
5624 N.W. SECOND AVENUE MIAMI FL 33127	5624 N.W. SECOND AVENUE MIAMI FL 33127-1630

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. FEI Number 59-3088541		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALBRUN, MONA 5624 N.W. 2ND AVENUE MIAMI FL 33127		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	P. St Luc Valbrun
NAME	VALBRUN, MONA	NAME	5624 NW 2nd Ave
STREET ADDRESS	5624 NW 2 AVE.	STREET ADDRESS	Miami, FL 33127
CITY-ST-ZIP	MIAMI FL 33124	CITY-ST-ZIP	
TITLE	VP	TITLE	V. Mona Valbrun
NAME	CHERUBIN, LAURIE	NAME	5624 NW 2nd Ave
STREET ADDRESS	4540 NW 36 ST	STREET ADDRESS	Miami, FL 33127
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mona Valbrun 4/22/00 (305) 758-8222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)