

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **S87180**

1. Entity Name

**Val Travel and Tours, Inc.****FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90007 030 \*\*\*150.00

Principal Place of Business

Mailing Address

**5624 NW 2nd Ave**  
**Miami, FL 33127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

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

**St Luc Valbrun**  
**15300 NE 5th Ave**  
**Miami, FL 33162**

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, 2001 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	President	<input type="checkbox"/> Delete
NAME	St Luc Valbrun	
STREET ADDRESS	15300 NE 5th Ave	
CITY-ST-ZIP	Miami, FL 33162	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Mona Valbrun	
STREET ADDRESS	15300 NE 5th Ave	
CITY-ST-ZIP	Miami, FL 33162	
TITLE	Laurie K. Cherubin	<input checked="" type="checkbox"/> Delete
NAME	5799 Woodland Point Dr	
STREET ADDRESS	Tallahassee, FL 32319	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

**Mona Valbrun**

Date

**6/14/01**

Daytime Phone #

**305-258-8921**

CR2E034 (11/00)



Attachment  
DH#S87180  
ADW4871

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 17, 2001

VAL TRAVEL AND TOURS, INC.  
5624 N.W. SECOND AVENUE  
SUITE B  
MIAMI, FL 33127

SUBJECT: VAL TRAVEL AND TOURS, INC.  
Ref. Number: S87180

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kathy Ashton  
Document Specialist

Letter Number: 701A00030293