

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 3:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H31600 (0)

1. Corporation Name

UCS, INC.

Principal Place of Business

**2005 NW 62ND STREET
SUITE # 1
FT. LAUDERDALE FL 33309**

Mailing Address

**2005 NW 62ND STREET
SUITE # 1
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2486196

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 has liability for intangible tax under S. 190.032,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RAMOS, O. F.
2130 NW 82ND TERRACE
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81 Name

Ramos, O.F.

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

14020 Carlton Drive

83

84 City

Davie

FL

85 Zip Code

33330

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.

3/31/95

SIGNATURE

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

(If NOT Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
RAMOS, O. F.
2130 NW 82ND TERRACE
SUNRISE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VS
NORTH, WILLIAM KNOX
2130 N.W. 82ND TERRACE
SUNRISE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**T
RAMOS, DANIA
760 W. 71ST PALCE
HALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**PD
Ramos, O.F.
14020 Carlton Drive
Davie, FL 33330**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

**T
Ramos, Dania
20201 NW 7th Street
Pembroke Pines, FL 33029**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE:

Dania Ramos, Dania Ramos

3/31/95

(305)771-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER