2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H39170** Jan 28, 2000 8:00 am **Secretary of State** THE UNITED GROUP OF COMPANIES, INC. 01-28-2000 90138 029 ***150.00 Principal Place of Business Mailing Address 7975 N.W. 154TH ST. 7975 N.W. 154TH ST. SUITE 400 SHITE 400 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016-5849 008472 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2519294 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRIELE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7975 NW 154TH ST STE 400 MIAMI LAKES FL 33016 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change **PSTD** ☐ Delete TITLE TITLE NAME NAME MIJARES, ANTHONY JR STREET ADDRESS STREET ADDRESS 7975 N.W. 154TH ST., #400 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL Addition ☐ Delete Change TITLE NAME BRIELE, ROBERT STREET ADDRESS STREET ADDRESS 7975 NW 154TH ST. #400 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Addition TITLE ☐ Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

Muile Robert Balele

1/24/00

305-558-2600

Daytime Phone #