

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JAN 31 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L97000000657**

1. Entity Name  
**UNITED SEAL ASSOCIATION, LLC**

Principal Place of Business <b>7236 N.W. 72ND AVE. MIAMI FL 33166</b>	Mailing Address <b>7236 N.W. 72ND AVE. MIAMI FL 33166</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **65-0761405**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLDEN, GEORGE A  
7236 N.W. 72ND AVE.  
MIAMI FL 33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLDEN, GEORGE A 7236 N.W. 72ND AVE. MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM PERIOTTO, EDGARD L ALAMEDA BARAO DE LIMEIRA 1524 APT 1 SAO PAULO BRAZIL 01202002</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM PORTO, MARIA C ALAMEDA BARAO DE LIMEIRA 1524 APT 1 SAO PAULO BRAZIL 01202002</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM GOMEZ, MARIA HELENA CRA. 9 #85-78 APT 503 BOGATA COLOMBIA CED 176473 BOGATA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM GOMEZ, MARIA H CRA. 9 #85-78 APT 503 BOGATA COLOMBIA CED 41503624 BOGATA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM CANA, RAUL A 6TH AVENIDA 6-86 ZONA 9 GUATEMALA GUATEMALA MED A-1414794</b>	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *George A Holden* **1/20/2001** Date Daytime Phone #

CR2E083 (11/00)