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05-23-2002 90089 009 \*\*\*\*150.00  
P00000057478

### 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 16 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P00000057478</b>	
1. Entity Name <b>U CAN TRUST, CORP.</b>	
Principal Place of Business <b>400 S.W. 107TH AVE. SUITE 308 MIAMI FL 33174</b>	Mailing Address <b>400 S.W. 107TH AVE. SUITE 308 MIAMI FL 33174</b>
2. Principal Place of Business <b>400 S.W. 107 Ave. Suite, Apt. #, etc. 308</b>	3. Mailing Address <b>465 SW. 133 Ct. Suite, Apt. #, etc.</b>
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33174</b>	Country <b>USA.</b>
Zip <b>33184</b>	Country <b>USA.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1137178</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORALES, JACQUELINE**  
400 S.W. 107TH AVE.  
SUITE 308  
MIAMI FL 33174

Name **Jose A. Torres**  
Street Address (P.O. Box Number is Not Acceptable)  
**465 S.W. 133 Ct.**  
City **Miami** FL Zip Code **33184**

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 **Jose A. Torres** (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>D MORALES, JACQUELINE 400 S.W. 107TH AVE. SUITE 308 MIAMI FL 33174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PSD Jose A. Torres 465 S.W. 133 Ct. Miami FL 33184</b>	
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
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

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: **Jose A. Torres** (Signature and typed or printed name of signing officer or director)  
Date: **04/29/02** Daytime Phone: **(305) 552-9300**

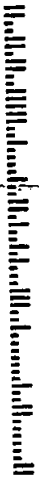
CR20034 (9/01)

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Department of the Treasury  
Internal Revenue Service  
MEMPHIS, TN 37501-0030



U CAN TRUST CORP  
400 SW 107TH AVE STE 306  
MIAMI FL 33174-8400811

We will contact you again if:  
- We need additional information

001234 B0D CD-SB  
\*\* IF YOU HAVE ANY QUESTIONS, \*\*  
\*\* REFER TO THIS INFORMATION: \*\*  
NUMBER OF THIS NOTICE: CP-515 M  
DATE OF THIS NOTICE: 03-11-2002  
TAXPAYER IDENT. NUM: 65-1157178  
TAX FORM: 941 200215  
TAX PERIOD: 03-31-2001



Attachment 36858  
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