


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000105914
 1. Entity Name
U.C.C. PROPERTIES, INC.



Principal Place of Business
5825 SUNSET DRIVE STE 210
SOUTH MIAMI, FL 33143

Mailing Address
5825 SUNSET DRIVE STE 210
SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



06292004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3875964

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TARACIDO, NELSON ESQ
5825 SUNSET DRIVE STE 210
SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nelson Taracido* (NOTE: Registered Agent signature required when reinstating)

DATE: 6/29/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, EDGAR G 5825 SUNSET DRIVE STE 210 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, EDGAR G 5825 SUNSET DRIVE STE 210 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARACIDO, NELSON 5825 SUNSET DR., STE 210 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000162981
 07/01/04 800002-012 550.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nelson Taracido, Sec* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: 6/29/04 DAYTIME PHONE #: 305 662 9504