2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000040565** Mar 15, 2000 8:00 am Secretary of State UNITED COMMUNICATION AND PROTECTION. INC. 03-15-2000 90035 011 ***150.00 Mailing Address Principal Place of Business 7005 N WATERWAY DR 1900 SW 83RD COURT MIAMI FL 33155-1110 #303 U # U V V **MAIMI FL 33155** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0581369 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADRON, ALAIN Street Address (P.O. Box Number is Not Acceptable) 1900 SW 83RD COURT MIAMI FL 33155 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PD De'ete TITLE Change TITLE PADRON, ALAIN NAME STREET ADDRESS STREET ADDRESS 1900 SW 83RD COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Addition TITLE ☐ Change ☐ Delete TITLE PADRON, REINALDO A NAME NAME STREET ADDRESS STREET ADDRESS 1900 SW 83RD COURT CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** Change Addition ☐ Delete TITLE TITLE PADRON, FAUSTO A NAME NAME STREET ADDRESS 1900 SW 83RD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 appropriate all other like empowered. of the corporation or the receiver or trustee empor changed, or on an attachment with an apdress, w (305) 261-2440

SIGNATURE:

Alain Padron (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

3/1/00

Daytime Phone #