

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90421 048 ***150.00

00040718

DOCUMENT # **P96000026214**
 1. Entity Name
UNITED PROPERTIES F.M.C.

Principal Place of Business
1865 N. CORPORATE LAKE BLVD. # 3 WESTON, FL 33326
 Mailing Address
1112 WESTON RD. # 168 WESTON, FL 33326

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

3. Mailing Address
2566 JARDIN WAY
 Suite, Apt. #, etc.
 City & State
WESTON, FL
 Zip
33327
 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0696719
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GASTON REBOREDO
2566 JARDIN WAY
WESTON, FL 33327

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P, D, T	<input type="checkbox"/> Delete
NAME REBOREDO, GASTON	
STREET ADDRESS 2566 JARDIN WAY	
CITY-ST-ZIP WESTON, FL 33327	
TITLE V, P, D	<input checked="" type="checkbox"/> Delete
NAME LASCURAIN, EUGENIO	
STREET ADDRESS 13051 SW 29 CT.	
CITY-ST-ZIP DAVIE, FL 33330	
TITLE S, D	<input checked="" type="checkbox"/> Delete
NAME JOSE ROMERO	
STREET ADDRESS 2537 MONTCLAIRE CIRCLE	
CITY-ST-ZIP WESTON, FL 33327	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S, D
STREET ADDRESS	MARIA CRISTINA LASCURAIN
CITY-ST-ZIP	13051 SW 29 CT. DAVIE, FL 33330
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **GASTON REBOREDO** 4/15/00 (954)349-3391
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)