

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90040 050 ***150.00

DOCUMENT # P96000026214

1. Entity Name
UNITED PROPERTIES, INC.

Principal Place of Business
**2625 EXECUTIVE PARK DR.
SUITE 5
WESTON FL 33331
US**

Mailing Address
**2566 JARDIN WAY
WESTON FL 33327
US**

2. Principal Place of Business

3. Mailing Address

2625 EXECUTIVE PARK DR. #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5

City & State

WESTON FL

4. FEI Number **65-0696719**

Applied For

Not Applicable

Zip

Country

Zip

33331

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**REBOREDO, GASTON
2566 JARDIN WAY
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name **EUGENIO LASCURAIN**

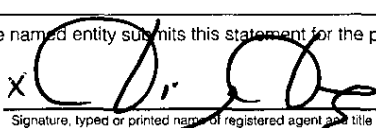
Street Address (P.O. Box Number is Not Acceptable)
2625 EXECUTIVE PARK DR. SUITE 5

City **WESTON,**

FL

Zip Code **33331**

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 

EUGENIO LASCURAIN 1-8-2002

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **PDT** ☒ Delete
NAME **REBOREDO, GASTON**
STREET ADDRESS **2566 JARDIN WAY**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **SD** ☒ Delete
NAME **LASARAIN, MARIA CRISTINA**
STREET ADDRESS **13051 SW 29 CT**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D** ☐ Change ☒ Addition
NAME **FRANCISCO ANGULO**
STREET ADDRESS **2625 EXECUTIVE PARK DR. SUITE 5**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **S** ☐ Change ☒ Addition
NAME **ALICIA RUBIO**
STREET ADDRESS **2625 EXECUTIVE PARK DR. SUITE 5**
CITY-ST-ZIP **WESTON**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO ANGULO

1-8-2002

(954) 349-3391

Date

Daytime Phone #