

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90012 003 ***150.00

DOCUMENT # P98000015257

1. Entity Name

UNITED MANAGEMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

RICHARD RAFUIS
7901 W 25TH AVE: B3
HIALEAH FL 33016
US

RICHARD RAFUIS
7901 W 25TH AVE: B3
HIALEAH FL 33016-2715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0824969

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAFULS, RICHARD
8181 N.W. 91ST TERRACE, BAY 1
MEDLEY FL 33166

Name

RAFULS RICHARD

Street Address (P.O. Box Number is Not Acceptable)

7901 W 25 Ave B-3

City

Hialeah

Fla

FL

Zip Code

33016

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAFULS, RICHARD	
STREET ADDRESS	8181 N.W. 91ST TERRACE, BAY 1	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARRERO, HECTOR	
STREET ADDRESS	8181 N.W. 91ST TERRACE BAY 1	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFULS RICHARD	
STREET ADDRESS	7901 W 25 AVE B-3	
CITY-ST-ZIP	HIALEAH FLA. 33016	
TITLE	STD -	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO HECTOR	
STREET ADDRESS	7901 W 25 AVE B-3	
CITY-ST-ZIP	HIALEAH FLA. 33016	
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		

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:

RAFULS RICHARD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-00

Date

305-883-8881

Daytime Phone #

CR2E034 (9/99)