

APR-26-01 02:10 PM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2001 UNIFORM BUSINESS REPORT (UBR)

01 JUL 23 PM 12:26

DOCUMENT # P99000062582

1. Entity Name

UNION CORP FINANCIAL GROUP, INC

50356

Principal Place of Business

Mailing Address

2532-BN.W. 72 AVE
MIAMI FL 33122

1. Principal Place of Business

4960 S.W. 72nd AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 303

Suite, Apt. #, etc.

City & State

MIAMI, FL 33155

City & State

4. FEI Number

65-0928547

Applied For
Not Applicable

So

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

OLIVIA, NICOLE
2531-B N.W. 72nd AVENUE
MEDLEY FL 33122

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4960 S.W. 72nd Ave Ste 303
City
MIAMI FL 33155

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

9. This corporation is eligible to elect its irrevocable tax filing requirement and elect to do so (See instructions on back)

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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: <input type="checkbox"/> Debit NAME: UNION CORP FINANCIAL GROUP, INC STREET ADDRESS: 2531-B N.W. 72 AVE CITY, ST, ZIP: MIAMI, FL 33122	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: UNION CORP FINANCIAL GROUP STREET ADDRESS: 4960 S.W. 72nd AVE CITY, ST, ZIP: MIAMI, FL, 33155
TITLE: <input type="checkbox"/> Debit NAME: President/Director STREET ADDRESS: RODRIGUEZ, ANGEL E CITY, ST, ZIP: 2531-B N.W. 72nd AVENUE MEDLEY, FL 33122	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY, ST, ZIP:
TITLE: <input type="checkbox"/> Debit NAME: STREET ADDRESS: CITY, ST, ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY, ST, ZIP:
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(a), 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 on Block 11 or Block 12 or changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Angel E Rodriguez President/Director