

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93599 039 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

673762

DOCUMENT # P01000047038

1. Entity Name

FAMILY UNION CORPORATION
D/B/A JANI-KING

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3400 Coral Way
Suite, Apt. #, etc.
Suite 600

3. Mailing Address
20320 NE 3rd Ct
Suite, Apt. #, etc.
1

City & State
MIAMI, FL.

City & State
Miami, FL

4. FEI Number
65-1105758

Applied For
Not Applicable

Zip
33145-3053

Country
DADE

Zip
33179

Country
U.S.A

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

7. Name and Address of Current Registered Agent

Name
ALEXANDER PORRAS

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

3400 CORAL WAY, SUITE #600

City
MIAMI

FL

Zip Code
33145

DO NOT WRITE
IN THIS SPACE

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

Alexander Porras

ALEXANDER PORRAS

05/08/02

Signature, typed or printed name of registered agent and date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
AGUDELO, MARTHA L.
3400 Coral Way S-600
MIAMI, FL 33145-3053

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PORRAS, OCTAVIO D
3400 Coral Way, s-600
Miami, FL 33145-3053

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PORRAS, ALEXANDER
3400 Coral Way S-600
Miami, FL 33145-3053

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 119.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Martina Agudelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02

(305) 446 2055

Daytime Phone

CR2E034B (12/01)