

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90029 042 \*\*\*150.00

**DOCUMENT # 481850**

1. Entity Name  
**UNION RICHARD CORPORATION**

Principal Place of Business <b>4811 S.W. 164 TERRACE          FORT LAUDERDALE FL 33331          US</b>	Mailing Address <b>3109 PONCE DELEON BLVD          CORAL GABLES FL 33134          US</b>
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**908859**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1651939</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LONDONO, JAIME</b>				Name			
<b>4811 S.W. 164 TERRACE</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>FT. LAUDERDALE FL 33331</b>				City			
				<b>FL</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, DELIO V		NAME		
STREET ADDRESS	4811 S.W. 164 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33331		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, JUAN CARLOS		NAME		
STREET ADDRESS	4811 S.W. 164 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33331		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, JAIME		NAME		
STREET ADDRESS	4811 S.W. 164 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33331		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* Date: *01/30/01* Daytime Phone #: *(305) 3729909*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment

908859

#4181850

**FILING INSTRUCTIONS**

**UNIFORM BUSINESS REPORT**

NAME Union Richard PERIOD ENDING 2001

**SIGNATURE:** An officer of the Corporation, the owner, a partner or any authorized person must sign and date the form. Print your name next to signature.

**PAYMENT:** A payment of \$ 150.00 is required with this form. Make check payable to Department of State.

**MAILING:** Mail payment with attached form in enclosed envelope to:

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Mail on or before May 1, 2001.

Please pay now:  
**FILING FEE AFTER MAY 1 IS \$ 550.00**

Mailed to client: 1/4/01

Vincent Loiacono, Jr.  
Certified Public Accountant