

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90047 031 ***150.00

LE 2/1/02 ST

DOCUMENT # 481850

1. Entity Name
UNION RICHARD CORPORATION

Principal Place of Business

**4811 S.W. 164 TERRACE
 FORT LAUDERDALE FL 33331
 US**

Mailing Address

**3109 PONCE DELEON BLVD
 CORAL GABLES FL 33134
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3109 PONCE DE LEON BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES FL 33134

City & State

4. FEI Number

59-1651939

Applied For

Not Applicable

Zip

Country

33134

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

LONDONO, JAIME

~~4811 S.W. 164 TERRACE~~

~~FT. LAUDERDALE FL 33331~~

3109 PONCE DE LEON BLVD.

CORAL GABLES, FL 33134

Name

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

City

FL

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LONDONO, DELIO V	
STREET ADDRESS	4811 S.W. 164 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LONDONO, JUAN CARLOS	
STREET ADDRESS	4811 S.W. 164 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	LONDONO, JAIME	
STREET ADDRESS	4811 S.W. 164 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3109 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3109 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3109 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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: **J Jaime Londono**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 **305-4466000**
 Date Daytime Phone #

CR2E034 (9/01)