


**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

02-24-2003 90235 040 \*\*\*\*\*61.25  
 481850

03 FEB 27 PM 2:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 481850  
 1. Entity Name  
**UNION RICHARD CORPORATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 7550 S.W. 57th Avenue Suite, Apt. #, etc. Suite 211 City & State South Miami, FL Zip 33143		3. Mailing Address 7550 S.W. 57th Avenue Suite, Apt. #, etc. Suite 211 City & State South Miami, FL Zip 33143	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number \_\_\_\_\_ Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Jaime Londono**

Street Address (P.O. Box Number is Not Acceptable)  
**7550 S.W. 57th Avenue, Suite 211**

City  
**South Miami** FL Zip Code  
**33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$81.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Londono, Jaime 7550 S.W. 57 Ave., Suite 211 South Miami, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jaime Londono* 12/19/03 (305) 446-6000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #

**AMENDED**

CR2E034B (12/02)