2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 A
Secretary of State

DOCUMENT # 486314

1. Entity Name
UNITED CORPORATE SERVICES, INC.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156	9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUKER, HOWARD L ESQ.
9200 S. DADELAND BLVD.
SUITE 508
MIAMI, FL 33156

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BARR, MICHAEL A
STREET ADDRESS	10 BANK ST., STE. 560
CITY-ST-ZIP	WHITE PLAINS, NY 10606
TITLE	D
NAME	BARR, MICHAEL A
STREET ADDRESS	10 BANK ST, STE 560
CITY-ST-ZIP	WHITE PLAINS, NY 10606
TITLE	VS
NAME	FISCHETTI, MARIA R.
STREET ADDRESS	10 BANK ST, STE 560
CITY-ST-ZIP	WHITE PLAINS, NY
TITLE	S
NAME	GILHOOLEY, ROBERT F
STREET ADDRESS	10 BANK ST., SUITE 560
CITY-ST-ZIP	WHITE PLAINS, NY 10606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Barr, PRES. 11/2/04 914-949-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #