

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 486314 1. Entity Name UNITED CORPORATE SERVICES, INC.	
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Principal Place of Business 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156	Mailing Address 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



01072005 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

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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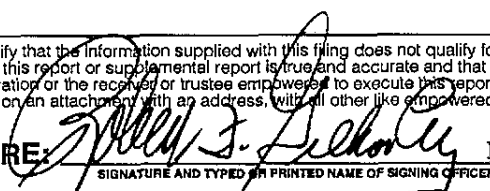
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BARR, MICHAEL A 10 BANK ST., STE. 560 WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, MICHAEL A 10 BANK ST, STE 560 WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISCHETTI, MARIA R. 10 BANK ST, STE 560 WHITE PLAINS, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILHOOLEY, ROBERT F 10 BANK ST., SUITE 560 WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/14/05-80005-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Robert F. Gilhooley** 1/7/05 914-949-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #