

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAR -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER (1)

ANNUAL REPORT

1995



OFFICER (1)

OFFICER (1)

OFFICER (1)

OFFICER (1)

DOCUMENT # 486314

(8)

1. Corporation Name

UNITED CORPORATE SERVICES, INC.

Principal Place of Business

801 N.E. 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address

801 N.E. 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1975

3a. Date of Last Report

04/22/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINE, GERALD E., ESQ
801 N.E. 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or New Agent and fee to be paid)

(Signature of Registered Agent or New Agent and fee to be paid)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT
NAME	BARR, RAY A.
STREET ADDRESS	10 BANK ST, STE 560
CITY-ST-ZIP	WHITE PLAINS NY
TITLE	D
NAME	FISCHETTI, MARIA R.
STREET ADDRESS	10 BANK ST, STE 560
CITY-ST-ZIP	WHITE PLAINS NY
TITLE	D
NAME	BARR, RAY A
STREET ADDRESS	10 BANK ST, STE 560
CITY-ST-ZIP	WHITE PLAINS NY
TITLE	VS
NAME	FISCHETTI, MARIA R.
STREET ADDRESS	10 BANK ST, STE 560
CITY-ST-ZIP	WHITE PLAINS NY
TITLE	S
NAME	FINE, GERALD (ASST)
STREET ADDRESS	155 NW 187 ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 above. I am a resident of the State of Florida with an address:

SIGNATURE:

(Signature and Print Name of Officer or Director)

RAY A. BARR

2/23/95

914-949-9188