

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 522317

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: UNITED PROPERTY MANAGEMENT, INC.

## Current Principal Place of Business:

3211 PONCE DE LEON, #301  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

3211 PONCE DE LEON, #301  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 59-1707923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZOVLUCK, LYNN  
18333 NW 68TH AVENUE  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

ZOVLUCK, LYNN  
3211 PONCE DE LEON #301  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

04/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: BARKER, REX M.  
Address: 3211 PONCE DE LEON #301  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: ARIAS, MANUEL  
Address: 3211 PONCE DE LEON #301  
City-St-Zip: CORAL GABLES, FL

Title: S ( ) Delete  
Name: ZOVLUCK, LYNN  
Address: 18333 NW 68TH AVENUE  
City-St-Zip: MIAMI, FL 33015

Title: S (X) Delete  
Name: SODERLAND, JAIME L  
Address: 18333 NW 68TH AVENUE  
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete  
Name: LIPPS, SUSAN  
Address: 18333 NW 68TH AVENUE  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: BARKER, REX M  
Address: 3211 PONCE DE LEON #301  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ZOVLUCK, LYNN  
Address: 3211 PONCE DE LEON  
City-St-Zip: MIAMI, FL 33134 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LIPPS, SUSAN  
Address: 3211 PONCE DE LEON BLVD 301  
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX M BARKER

ST

04/05/2004

Electronic Signature of Signing Officer or Director

Date