

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000006105**

1. Entity Name

**THE UNCONSERVATORY, INC.**

Principal Place of Business

8035 SW 26TH ST.  
MIAMI FL 33155

Mailing Address

8035 SW 26TH ST.  
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

68-0299977

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WHIPPLE, KIRK**  
8035 SW 26TH ST.  
MIAMI FL 33155

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	WHIPPLE, KIRK	
STREET ADDRESS	8035 SW 26TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	AD	<input type="checkbox"/> Delete
NAME	MORALES, MARILYN	
STREET ADDRESS	8035 SW 26TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASTILLO, MELANIE	
STREET ADDRESS	371 NE 117TH ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEAL, BOBBIE	
STREET ADDRESS	2325 SW 18TH ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORTIZ, GEORGE N	
STREET ADDRESS	3415 SW 73RD AVE. RD.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, MELANIE	
STREET ADDRESS	362 189TH ST.	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

*Kirk Whipple*  
KIRK WHIPPLE

1-7-02 (305) 266-9673

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90008 023 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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