

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H84100 (7)  
1. Corporation Name  
UNION SERVICES INCORPORATED



Principal Place of Business  
5801 NW 151 STREET  
SUITE 201  
MIAMI LAKES FL 33014  
US

Mailing Address  
P.O. BOX 552589  
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/05/1985

4. FEI Number  
59-2587317  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CAMACHO, JOEL A., HEBER CAMACHO, LEOPOLDINA  
A I. CAMACHO  
18882 N.W. 77 COURT  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name LEOPOLDINA I. CAMACHO

82 Street Address (P.O. Box Number is Not Acceptable)  
18882 N.W. 77th Ct.

83

84 City Miami

FL

85 Zip Code 33015

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  
office 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE OPD  
NAME CAMACHO, JOEL A.  
STREET ADDRESS 18882 NW 77 CT  
CITY-ST-ZIP MIAMI FL 33015 ☒ DELETE

TITLE VD  
NAME CAMACHO, HEBER  
STREET ADDRESS 629 W 80 ST  
CITY-ST-ZIP HIALEAH FL ☒ DELETE

TITLE SD  
NAME CAMACHO, LEOPOLDINA I.  
STREET ADDRESS 18882 NW 77 CT  
CITY-ST-ZIP MIAMI FL 33015 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OPD  
1.2 NAME LEOPOLDINA I. CAMACHO  
1.3 STREET ADDRESS 18882 N.W. 77th Ct.  
1.4 CITY-ST-ZIP Miami, FL 33015 ☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME BALTAZAR PACHECO  
2.3 STREET ADDRESS 9715 N.W. 127th St.  
2.4 CITY-ST-ZIP Hialeah, FL 33018 ☒ Change ☐ Addition

3.1 TITLE S/T  
3.2 NAME GADDY NAVARRO  
3.3 STREET ADDRESS 7011 W. 29th Ave. #219  
3.4 CITY-ST-ZIP Hialeah, FL 33016 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature

Leopoldina Camacho, OPD

4-27-98

CR2E034 (10/97)