

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011633

1. Entity Name

UNION STATION PARTNERS, LLC

FILED

01 JAN 19 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

918 EAST BUSCH BOULEVARD
TAMPA FL 33612

Mailing Address

918 EAST BUSCH BOULEVARD
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3677336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSEPH L
2522 W. KENNEDY BOULEVARD
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Gilberto J. Hernandez

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

918 E. Busch Boulevard

City

Tampa

FL

Zip Code

33612-8501

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
Member
Armando P. ("Andy") Celeiro
STREET ADDRESS
1206 20th Street, North
CITY-ST-ZIP
Tampa, FL 33605

TITLE NAME ☐ Delete
Member
Gilberto J. Hernandez
STREET ADDRESS
918 E. Busch Boulevard
CITY-ST-ZIP
Tampa, FL 33612-8512

TITLE NAME ☐ Delete
Member
Jose E. Valiente
STREET ADDRESS
918 E. Busch Boulevard
CITY-ST-ZIP
Tampa, FL 33612-8512

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
400003576364-1
-01/26/01--01074--014
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-11-2001 (813) 933-3943

CR2E083 (11/00)