FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -5 AM 10:03

LR 6/16

AMENDED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014909

1. Entity Name
UNION HOLDINGS, LLC

Principal Place of Business
8788 S.W. 8TH ST.
MIAMI, FL 33174

Mailing Address
8788 S.W. 8TH ST.
MIAMI, FL 33174

2. Principal Place of Business
10520 NW 26 STREET
Suite, Apt. #, etc.
C-201
City & State
MIAMI, FL.
Zip 33172 County USA

3. Mailing Address
10520 NW 26 STREET
Suite, Apt. #, etc.
SUITE C-201
City & State
MIAMI, FL.
Zip 33172 County USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
30-0033009
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH ST.
FT LAUDERDALE, FL 33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

[redacted] 503144905474
05/05/03 92174_045 $150.00

9A. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CABANAS, JOSE E 8788 S.W. 8TH ST. MIAMI, FL 33174 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CABANAS, JOSE F 8788 S.W. 8TH STREET MIAMI, FL 33174 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

9B. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Jose E. Cabanas 10520 NW 26th Street, C-201 Miami, Florida 33172 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Jose F. Cabanas 10520 NW 26th Street, C-201 Miami, Florida 33172 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

ORDERS (none)

10. 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: _____ 4/21/03 305-513-3639

Date Daytime Phone