


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/5

FILED
May 25, 2004 8:00 am
Secretary of State

05-05-2004 90011 010 ***150.00

DOCUMENT # M01000002605	
1. Entity Name UNITED AMERICAN SERVICES, LLC	

Principal Place of Business 3909 NE 163RD ST., STE. 304 NORTH MIAMI BEACH, FL 33160	Mailing Address 3909 NE 163RD ST., STE. 304 NORTH MIAMI BEACH, FL 33160
---	---

34007419



04292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0677009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIMSLEY, CHARLES
3909 NE 163RD ST., STE. 304
NORTH MIAMI BEACH, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARRILLO, RICHARD P 3909 NE 163RD ST., STE 304 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Richard P. Parrillo* RICHARD P. PARRILLO **5/20/04** **305-933-5835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #