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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M54223

1. Corporation Name

UNITED AMERICAN FINANCIAL SERVICES CORPORATION

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90009 049 ***150.00

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Principal Place	of Business	Mailing Address							
210 UNIVERSITY DRIVE. SUITE 900 CORAL SPRINGS FL 33071		210 UNIVERSITY DRIVE. SUITE 900 CORAL SPRINGS FL 33071							
CONAL SENING	3 FL 30071	OUTTO TE SOUT				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			ļ
						06/19/1987			_
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	1
21		26				59-2819208		Not Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22	المالي المنظلية المالية	27				5. Certificate of Status Desired	Fee	Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.0	O May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	X Yes	No	4
	Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent		-
				81	Name				1
	CHOLZ, STEPHEN		82 Street Adr			ddress (P.O. Box Number is Not Acceptable)			
	UNIVERSITY DR., SUITE 900	0.00				Added (Fig. 20x Hallist In Company)			
COR	AL SPRINGS FL 33071			83					
	•			84	City		85 Zi	p Code	┪
				1 1	•	F _			
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	i by ti	named corpo he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing ointment as	its registered registered	
SIGNATURE									
	Signature, typed or printed name of registered agen		<u> </u>	Agent	signature required	d when reinstating) DATE	ND DIDEC	TODE IN 40	- J ģ
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Chang		∄ ₹
TITLE	PD AMERICAN A CECUIEN		_						`
NAME	WEICHOLZ, STEPHEN		1.2 NA			•			8
STREET ADDRESS	210 UNIVERSITY DR.				ADORESS				ļ
CITY-ST-ZIP	CORAL SPRINGS FL	□ DELETE	_	TY-ST-				e	1 8
TITLE	TD		_ :		T		EZ Oriong	,	
NAME	SOLOMON, ALBERT S.	1		AME		DLOMON, ALBERT S.			Ì
STREET ADDRESS	210 UNIVERSTIY DR.				1.00	TIO ONITIDADELL DA			
CITY-ST-ZIP	CORAL SPRINGS FL	□ se. cre		ITY-ST	-	RAL SPRINGS, FL 33071	, K Chang	e	1
TITLE	SD-	DELETE	3,1 TT		S	TOTAL COOME	_ EXICHANG	io _ ,LIAGGROON	-
NAME	WEICHOLZ, SCOTT		3.2 N/			CICHOLZ, SCOTT			
STREET ADDRESS	210 UNIVERSITY DRIVE				7.0	O UNIVERSITY DR ORAL SPRINGS, FL 33071			
CITY-ST-ZIP	CORAL SPRINGS FL	רי) מכו דדר	_	ITY-ST		PRAL SPRINGS, FL 33071		e Addition	Η.
πιε	V	DELETE	4,1 TT		V		₹ Citali	le 🗆 uoombu	1
NAME	RUTTENBERG, STUART		4. 2 N			TENBERG, STUART			
STREET ADDRESS	210 UNIVERSITY DR		4.3 \$1	REET /	ADDRESS 10	RICHARDSON LANE			
CITY-ST-ZIP	CORAL SPRINGS FL 33071	——————————————————————————————————————		TY-\$T-	ZIP HI	GHTSTOWN, NJ 08520	ET 01-		
TITLE	VP .	☐ DELETE	5.1 TT		V		Chang	ge Addition	,]
NAME	Marsh, Darren		5.2 N/		MA	ARSH, DARREN			(
STREET ADDRESS	210 UNIVERSITY DR					O UNIVERSITY DR			ļ
CITY-ST-ZIP	CORAL SPRINGS FL			TY-ST-	ZIP CO	RAL SPRINGS, FL 33071			4
TITLE	_	☐ DELETE	6.1 TT		1		☐ Chang	ge 🗌 Addition	'
NAME			6.2 N/						ſ
STREET ADDRESS			6.3 ST	REET /	ADDRESS				1

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: _

TURE AND TYPED OR PRATECT NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 Date

(954) 344-0772

Daytime Phone #