

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M56695**

1. Corporation Name

UNITED CHEMICAL PRODUCTS, CORP.



Principal Place of Business

**9180 NW 100 ST
MEDLEY FL 33178**

Mailing Address

**9180 NW 100 ST
MEDLEY FL 33178**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1987

2. Principal Place of Business

7079 SW 47 STREET

2a. Mailing Address

7079 SW 47 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip **33155**

Country **USA**

Zip **33155**

Country **USA**

4. FEI Number

65-0044347

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DOMINGUEZ, FRANK
15540 N W 82 COURT
MIAMI, 33016**

10. Name and Address of New Registered Agent

81 Name **JOSE J. MARTINEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
7041 TORPHIN PL.

83

84 City **MIAMI**

FL

85 Zip Code
33014

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **DOMINGUEZ, FRANK**
STREET ADDRESS **9180 N W 100 STREET**
CITY-STATE-ZIP **MIAMI FL**

TITLE **S** ☒ DELETE
NAME **MARTINEZ, JOSE J.**
STREET ADDRESS **7041-TORPHIN PLACE**
CITY-STATE-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **JOSE J. MARTINEZ**
1.3 STREET ADDRESS **7041 TORPHIN PL.**
1.4 CITY-STATE-ZIP **MIAMI LAKES, FL. 33014**

2.1 TITLE **SEC** ☐ Change ☒ Addition
2.2 NAME **MARCELINO SUAREZ**
2.3 STREET ADDRESS **7079-SW 47 STREET**
2.4 CITY-STATE-ZIP **MIAMI, FL. 33155**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 change is, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)