

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64103

1. Entity Name

UNITED SERVICES CORPORATION

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90028 007 \*\*\*150.00

Principal Place of Business

Mailing Address

1650 NW 94TH AVENUE  
MIAMI FL 33172

1650 NW 94TH AVENUE  
MIAMI FL 33172-2836

2. Principal Place of Business

10813 W 30th

3. Mailing Address

P.O. Box 52-2632

Suite, Apt. #, etc.

Bay 107

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

33172

Country

MIAMI DADE

Zip

33172

Country

MIAMI DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0025106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, LUIS A  
7204 FAIRWAY DRIVE  
126  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

WILFREDO LATORRE  
Street Address (P.O. Box Number is not Acceptable)  
14640 HARRIS PLACE

City

MIAMI LAKES

FL

Zip Code

33014

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-17-00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME LATORRE, WILFREDO  
STREET ADDRESS 8114 SW 81ST COURT  
CITY-ST-ZIP MIAMI FL 33143

TITLE PD ☐ Delete  
NAME RUIZ, LUIS A  
STREET ADDRESS 8114 SW 81ST COURT  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-17-00

305 477-5221

CR2E034 (9/99)