

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90102 046 ****61.25

DOCUMENT # **N00000003087** ✓

1. Entity Name

UNITED DOMINICANS OF FLORIDA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19602 NW 7th Ct

3. Mailing Address

19602 NW 7th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33169

Zip

Country

33169

4. FEI Number

65-1006795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JASON JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

2 Alhambra Plaza

Suite 802

City

CORAL GABLES FL

Zip Code

33134

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 or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**IAN CARRINGTON D
19602 NW 7th Ct
MIAMI FL 33169**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**LEOPOLD JOSEPH
19602 NW 7th Ct
MIAMI FL 33169**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**JASON JOSEPH
19602 NW 7th Ct
MIAMI FL 33134**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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STREET ADDRESS

CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JASON JOSEPH

Date

4/29/02

Daytime Phone #

CR2E037B (12/01)