2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UÉR)

DOCUMENT # N0000003087

1. Entity Name

UNITED DOMINICANS OF FLORIDA, INC.

			60 11 In 61			
Principal Plac	e of Business	Mailing Address				
19602 N.W. 7TH COURT MIAMI FL 33169		19602 N.W. 7TH COURT MIAMI FL 33169				
				1 1000 1141 014 014 014 1	ARAN ARAN ARAN ARAN ARAN ARAN A	P. C. T. (11) P. C. T. (10) C. C. (10) C. (10) C.
2. Principal Place of Business 3. Mailing Address P. O. BAX 693			7//			
Suite, Apt. #, etc. Suite, Apt. #, etc.			,	CHECK HERE IF MAKING CHANGES		
City & State	e	City & State MIAMI FZ		4. FEI Number 65-1006795 Applied For Not Applicable		
Zip -	Country	33269-3711	Country Dode	5. Certificate of Statu		\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	7. Name and Address of New Registered Agent			
JOSEPH, ONE: ALH	Jason Iambra Plaza	Name JASON SOSEPH Street Address (P.O. Box Number is Not Acceptable)				
SUITE 80	2 ABLES FL 33134	550 NE 124 ST				
CONAL G	IMPLES PL 33134	City HORTH MIAM FL Zip Code 33161				
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. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE .	: 	7/12/03				
Signature, typed or printed name of registered agent and titto applicable. (NOTE/Registered Agent signature required when reinstating) DATE						
	FILE NOW: FEE IS \$61.25	gn Financing	\$5.00 May Be Added to Fees		k Payable to	
After September 10, 2003, min will be \$236.25				Added to Fees	riorida Depai	rtment of State
10.	OFFICERS AND DIRE	····	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	
TITLE NAME	D Carrington, Ian	☐ Delete		BSIDENT FOPOCD JO:	SEPH	☐ Change
STREET ADDRESS	19602 N.W. 7TH COURT			602 NW 44		
CITY-ST-ZIP	MIAMI FL 33169			11 Am 12 3		
TITLE	D COURT FEODOLD	☐ Delete —		REASURER		☐ Change ★ Addition
NAME STREET ADDRESS	JOSEPH, LEOPOLD .19602: N.W. 7TH COURT		NAME STREET ADDRESS:	4RIO Touli) N 	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	OA NW 744	6+33/69	
TITLE	D	☐ Delete	TITLE SE	CRETARY		Change Addition
NAME	JOSEPH, JASON		NAME 4	bert stow	e. /	•
STREET ADDRESS City-St-Zip	19602 N.W. 7TH COURT MIAMI FL 33169		STREET ADDRESS CITY-ST-ZIP	bert stow 602 NW 21 MIAMI M	1 ct	,
TITLE	PRESIDENT	··	TITLE	MI F	<u> </u>	Change Addition
NAME :			NAME			
STREET ADDRESS	CECIL SYLVESTO		STREET ADDRESS			
CITY-ST-ZIP	An 40 a		CITY-ST-ZIP	.		□ (None) □ 42191
TITLE NAME	TREASURER	Z\	TITLE NAME			☐ Change ☐ Addition

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

HICARY JAMES

MARUeline CASON PARKINS

SIGNATURE REQUIRE

Delete

☐ Change

FILED

Jul 30, 2003 8:00 am Secretary of State

07-30-2003 90067 029 ****61.25

☐ Addition