

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90157 028 ****61.25

DOCUMENT # N02000003359

1. Entity Name
UNITED CREDIT CORPORATION OF AMERICA, INC.



Principal Place of Business

**300 LAYNE BLVD #107
HALLANDALE BEACH FL 33009**

Mailing Address

**300 LAYNE BLVD #107
HALLANDALE BEACH FL 33009**

2. Principal Place of Business

419 GOLDEN ISLES DR

3. Mailing Address

419 GOLDEN ISLES DR

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#108

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH FL

Zip

33009

Country

BROWARD

Zip

33009

Country

USA

4. FEI Number

02 0617205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BARBIERI, GAETANO

300 LAYNE BLVD #107

HALLANDALE BEACH FL 33009

7. Name and Address of New Registered Agent

Name

GAETANO BARBIERI

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

419 GOLDEN ISLES DR

City

HALLANDALE BEACH

FL

Zip Code

33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Gaetano Barberi REG. AGENT 1-30-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SHAW, ALISON**
STREET ADDRESS **401 E 80TH ST -8F**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☐ Delete
NAME **D BENNETT, GARY W**
STREET ADDRESS **497 14TH ST**
CITY-ST-ZIP **WEST BABYLON NY 11704**

TITLE ☐ Delete
NAME **D BARBIERI, JUSTINE**
STREET ADDRESS **231 WHITEHALL ROAD S**
CITY-ST-ZIP **GARDEN CITY SOUTH NY 11530**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME **D JUSTINE BARBIERI**
STREET ADDRESS **18 ROMAN ST.**
CITY-ST-ZIP **ISLIP, N.Y. 11751**

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

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

TITLE ☐ Change ☐ Addition
NAME
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-30-03 954 455 2564

CR2E037 (10/02)