


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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90092 001 ****61.25
01-06-2003 90092 002 ****8.75

DOCUMENT # N02000008313

1. Entity Name
UNITED BY LOVE INCORPORATED



Principal Place of Business
P.O. BOX 16312
WEST PALM BEACH FL 33416

Mailing Address
P.O. BOX 16312
WEST PALM BEACH FL 33416

2. Principal Place of Business
3368 Kirk Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 16312
Suite, Apt. #, etc.

City & State
Lake worth Florida

City & State
West Palm Beach Florida

Zip
33461

Country
Palm Beach

Zip
33416

Country
Palm Beach



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VAZQUEZ, ARTEMIO
3368 KIRK RD.
LAKE WORTH FL 33461

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Artemio Vasquez* (NOTE: Registered Agent signature required when reinstating) DATE **1/4/03.**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, ARTEMIO P.O. BOX 16312 WEST PALM BEACH FL 33416	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTEZ, OLGA P.O. BOX 19273 WEST PALM BEACH FL 33416	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, LETICIA 3724 ELIZABETH STREET LAKE WORTH FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Artemio Vasquez* **SIGNATURE REQUIRED** DATE **1/4/03** Daytime Phone # **561-304-3462**

CR2E037 (10/02)