

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
Zip
33461
Country
Palm Beach

City & State
West Palm Beach Florida
Zip
33416
Country
Palm Beach

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VAZQUEZ, ARTEMIO
3368 KIRK RD.
LAKE WORTH FL 33461

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 *x Artemio Vazquez*
Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, ARTEMIO	
STREET ADDRESS	P.O. BOX 16312	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTEZ, OLGA	
STREET ADDRESS	P.O. BOX 19273	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, LETICIA	
STREET ADDRESS	3724 ELIZABETH STREET	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.09(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: *x Artemio Vazquez* **SIGNATURE REQUIRED**

1/4/03 **561-304-3462**
Date Daytime Phone #

CR2E037 (10/02)