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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42574 (6)

1. Corporation Name

UNITED PROFESSIONAL CUSTODIANS, INC.

Principal Place of Business

8630 N.W. 35TH AVE.
MIAMI FL 33147

Mailing Address

8630 N.W. 35TH AVE.
MIAMI FL 33147-39203. Date Incorporated or Qualified
03/20/19913a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
65-0228096Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PIERCE, MATTIE
8630 N.W. 35TH AVE.
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PIERRE, MATTIE M.
STREET ADDRESS 8630 N.W. 35TH AVE.
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME HUDSON, GEORGE
STREET ADDRESS 3255 N.W. 48TH TERR.
CITY-ST-ZIP MIAMI FLTITLE SD ☒ DELETE
NAME COOKS, NAOMI
STREET ADDRESS 87715 S.W. 72ND ST.
CITY-ST-ZIP MIAMI FLTITLE TD ☒ DELETE
NAME CASH, THOMAS
STREET ADDRESS 1710 N.W. ST.
CITY-ST-ZIP MIAMI FLTITLE TD ☒ DELETE
NAME HOLMES, ROBERT
STREET ADDRESS 6421 S.W. 64TH AVE.
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME BROWN, JIMMIE
STREET ADDRESS 10750 SW 146TH ST
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Betty L. Deau
1.3 STREET ADDRESS 537 N.W. 4TH Ter.
1.4 CITY-ST-ZIP MIAMI FLA 331272.1 TITLE ☐ Change ☒ Addition
2.2 NAME E.C. Oliver
2.3 STREET ADDRESS 29125 Fla. Rd.
2.4 CITY-ST-ZIP Leisure City, Fla. 331423.1 TITLE ☐ Change ☒ Addition
3.2 NAME D/M Carl Walker
3.3 STREET ADDRESS 1950 N.W. 188 Ter.
3.4 CITY-ST-ZIP MIAMI FL 330564.1 TITLE ☐ Change ☒ Addition
4.2 NAME T/S Annette Walker
4.3 STREET ADDRESS 1950 N.W. 188 Ter.
4.4 CITY-ST-ZIP MIAMI FL 330565.1 TITLE ☐ Change ☒ Addition
5.2 NAME M Frank Sweet Jr.
5.3 STREET ADDRESS 9301 N.W. 4 Ave
5.4 CITY-ST-ZIP MIAMI FL 331506.1 TITLE ☐ Change ☒ Addition
6.2 NAME M Lucy M. Yant
6.3 STREET ADDRESS 3065 N.W. 55 ST.
6.4 CITY-ST-ZIP MIAMI FL 33142

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BROWN, JIMMIE
Signature and typed or printed name of signing officer or director
Date 1/27/97
Daytime Phone # 464-9197

CR2E037 (9/96)