


FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42574					
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		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/20/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0228096	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PIERRE, MATTIE M.				
STREET ADDRESS	8630 N.W. 35TH AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HUDSON, GEORGE				
STREET ADDRESS	3255 N.W. 48TH TERR.				
CITY-ST-ZIP	MIAMI FL				
TITLE	DM	<input type="checkbox"/> DELETE			
NAME	WALKER, CARL				
STREET ADDRESS	1950 NW 188 TERR				
CITY-ST-ZIP	MIAMI FL				
TITLE	TS	<input type="checkbox"/> DELETE			
NAME	WALKER, ANNETTE				
STREET ADDRESS	1950 NW 188 TERR				
CITY-ST-ZIP	MIAMI FL				
TITLE	M	<input type="checkbox"/> DELETE			
NAME	SWEET, FRANK JR				
STREET ADDRESS	9301 NW 4 AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	M	<input type="checkbox"/> DELETE			
NAME	YAMT, LUCY M				
STREET ADDRESS	3065 NW 55 ST				
CITY-ST-ZIP	MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12 NAME	Jimmie Brown				
13 STREET ADDRESS	14314 SW 109 CT.				
14 CITY-ST-ZIP	Miami 12/4 33176 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE: Jimmie Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99

Date

305 223-2252

Daytime Phone #

CR2E037 (11/98)