

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42574

1. Entity Name

UNITED PROFESSIONAL CUSTODIANS, INC.

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90002 015 ****61.25

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

1950 N.W. 188 Terrace

Suite, Apt. #, etc.

OPA LOCKA FLA 33056

City & State

3. Mailing Address

1950 N.W. 188 Terrace

Suite, Apt. #, etc.

OPA LOCKA FLA. 33056

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0228096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Annette Walker

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

1950 N.W. 188 Terrace

City OPA LOCKA FLA FL Zip Code 33056

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.

SIGNATURE ANNETTE WALKER

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

Financial Secretary

(NOTE: Registered Agent signature required when reinstating)

9/9/2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JIMMIE	
STREET ADDRESS	14314 SW 109 CT	
CITY-ST-ZIP	MIAMI FL 33176	
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	

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 119.07(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: Annette Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/2000 305 623-0252

Date

Daytime Phone #

CF2E037 (5/00)