

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42574

1. Entity Name

UNITED PROFESSIONAL CUSTODIANS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90374 013 *****70.00

0035310

Principal Place of Business

1950 NW 188 TERRACE
OPA LOCKA FL 33056

Mailing Address

1950 NW 188 TERRACE
OPA LOCKA FL 33056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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.

SIGNATURE *Annette Walker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Annette Walker

4/6/01

FILE NOW:
FEE IS \$61.25

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 ☐ Delete
NAME BROWN, JIMMIE
STREET ADDRESS 14314 SW 109 CT
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☒ Delete
NAME HUDSON, GEORGE
STREET ADDRESS 3255 N.W. 48TH TERR.
CITY-ST-ZIP MIAMI FL

TITLE DM ☐ Delete
NAME WALKER, CARL
STREET ADDRESS 1950 NW 188 TERR
CITY-ST-ZIP MIAMI FL

TITLE TS ☐ Delete
NAME WALKER, ANNETTE
STREET ADDRESS 1950 NW 188 TERR
CITY-ST-ZIP MIAMI FL

TITLE M ☒ Delete
NAME SWEET, FRANK JR
STREET ADDRESS 9301 NW 4 AVE
CITY-ST-ZIP MIAMI FL

TITLE M ☒ 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 D ☐ Change ☒ Addition
NAME mattie pierre
STREET ADDRESS 8630 N.W. 35th Ave
CITY-ST-ZIP miami FLA 33147

TITLE ☐ Change ☒ Addition
NAME Betty Dean
STREET ADDRESS 537 N.W. 47th Terr
CITY-ST-ZIP miami FLA 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME St Paul Louis
STREET ADDRESS 1501 N.E. 118 Ter
CITY-ST-ZIP miami FLA 33161

TITLE ☐ Change ☒ Addition
NAME James Davis
STREET ADDRESS 3430 N.W. 171 Ter
CITY-ST-ZIP miami FLA 33132

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

4/6/01 *305 623-0252*

Date

Daytime Phone #

CR2E037 (10/00)