

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004653 (0)

1. Corporation Name

UNITED NATIONS ENTERPRISES, INC.



Principal Place of Business

8719 SOUTH US#1
PORT ST. LUCIE FL 34952

Mailing Address

PO BOX 8119
PORT ST. LUCIE FL 34985

3. Date Incorporated or Qualified
09/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0619098

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, DAVID
8719 SOUTH US#1
PORT ST. LUCIE FL 34952

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
MILLS, DAVID
STREET ADDRESS
176 S.E. VILLAGE DR.
CITY-ST-ZIP
PORT ST. LUCIE FL 34952

TITLE ☒ DELETE

NAME
V
PEREZ, MANUEL
STREET ADDRESS
1201 MARMORE AVE.
CITY-ST-ZIP
PORT ST. LUCIE FL 34953

TITLE ☐ DELETE

NAME
S
MILLS, SONIA
STREET ADDRESS
176 S.E. VILLAGE DR.
CITY-ST-ZIP
PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME
T
LAMONTE, VINET
STREET ADDRESS
551 BARB ANN LANE
CITY-ST-ZIP
PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME
Y
DALIA ESPINAL
STREET ADDRESS
2489 UNIVERSITY TERRACE
CITY-ST-ZIP
PORT ST LUCIE FL 34952

TITLE ☐ DELETE

NAME
T
ISAURO ESCOBAR
STREET ADDRESS
1162 PORT ST-LUCIE BLVD
CITY-ST-ZIP
PORT ST LUCIE FL 34952

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
2802 SE PINE VALLEY ST
PORT ST LUCIE FL 34952

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
300001821843
-05/15/96--01031--001
2.3 STREET ADDRESS
***70.00

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
2802 SE PINE VALLEY ST
3.4 CITY-ST-ZIP
Port St Lucie FL 34952

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TASSIANT FRAZIER
YDALIA ESPINAL
2489 UNIVERSITY TERRACE
PORT ST LUCIE FL 34952

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
T
ISAURO ESCOBAR
1162 PORT ST-LUCIE BLVD
PORT ST LUCIE FL 34952

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

5-1-96 OK