

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 # N95000005867 (5)

1. Corporation Name

UNION PURCHASING ALLIANCE, INC.

Principal Place of Business

2727 SOUTH PARK ROAD
HALLANDALE FL 33009

Mailing Address

2727 SOUTH PARK ROAD
HALLANDALE FL 33009



3. Date Incorporated or Qualified

12/11/1995

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

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

SUSSKIND, HOWARD S
5959 BLUE LAGOON DRIVE #150
MIAMI FL 33126

81 Name

Randall D. Wilds

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

2727 S. Park Rd

83

Hallandale

84 City

FL

85 Zip Code

33009

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

Randall D. Wilds

(NOTE: Registered Agent signature required when forming)

3/11/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	CHAIRMAN / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RANDALL D. WILDS	
1.3 STREET ADDRESS	2727 SOUTH PARK ROAD	
1.4 CITY - ST - ZIP	HALLANDALE, FL 33009	
2.1 TITLE	VICE-CHAIRMAN / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TONY CANNESTRO	
2.3 STREET ADDRESS	2727 SOUTH PARK ROAD	
2.4 CITY - ST - ZIP	HALLANDALE, FL 33009	
3.1 TITLE	VICE-CHAIRMAN / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN A. LONGSTON	
3.3 STREET ADDRESS	2727 SOUTH PARK ROAD	
3.4 CITY - ST - ZIP	HALLANDALE, FL 33009	
4.1 TITLE	SECRETARY / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SALIE A. KYCHAROVILLE	
4.3 STREET ADDRESS	2727 SOUTH PARK ROAD	
4.4 CITY - ST - ZIP	HALLANDALE, FL 33009	
5.1 TITLE	TREASURER / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DAVE LAREAN	
5.3 STREET ADDRESS	2727 SOUTH PARK ROAD	
5.4 CITY - ST - ZIP	HALLANDALE, FL 33009	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 981-1810

Date

Daytime Phone #

CR2E037 (12/95)