

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90343 002 ***150.00

DOCUMENT # P01000069833

1. Entity Name

UTER INVESTMENT CORPORATION

Principal Place of Business

**5265 NORTHWEST 73RD WAY
 LAUDERHILL FL 33319**

Mailing Address

**5265 NORTHWEST 73RD WAY
 LAUDERHILL FL 33319**

2. Principal Place of Business

**4340 N. state Rd 7
 Suite, Apt. #, etc.
 LD LAKES FL 33319**

3. Mailing Address

**4340 N state Rd 7
 Suite, Apt. #, etc.
 LD LAKES FL**

City & State

City & State

33319 Biscayne

Zip

Country

Florida

Zip

Country

4. FEI Number

65113 6332

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**V. CYPRIAN ADAMS, P.A.
 7491 WEST OAKLAND PARK BOULEVARD
 SUITE #301
 LAUDERHILL FL 33319**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
 NAME **UTER, LARNIEVE O**
 STREET ADDRESS **5265 NORTHWEST 73RD WAY**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **V** ☒ Delete
 NAME **UTER, GLASFORD**
 STREET ADDRESS **5265 NORTHWEST 173RD WAY**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larnieve O. Uter
 LARNIEVE O. UTER

4115102
 Date

Daytime Phone #

CR2E034 (9/01)