

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

019217 AV

**DOCUMENT # P01000077862**

1. Entity Name  
**UNITED CONSOLIDATORS, INC.**

02-11-2002 90083 040 \*\*\*150.00

Principal Place of Business  
**2281 NW 82ND AVENUE**  
**MIAMI FL 33122**

Mailing Address  
**2281 NW 82ND AVENUE**  
**MIAMI FL 33122**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1131261**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BICHARA, RICARDO**  
**2281 NW 82ND AVENUE**  
**MIAMI FL 33122**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BICHARA, RICARDO</b>	
STREET ADDRESS	<b>2281 NW 82ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASAS, MANUEL</b>	
STREET ADDRESS	<b>8725 S.W. 83RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CADAVID, JAIME</b>	
STREET ADDRESS	<b>221 ZAMORA</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ricardo Bichara* V.P.

1-8-02 305-716-8334

Date

Daytime Phone #

CR2E034 (9/01)