2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91053 040 ***150.00

DOCUMENT # P01000113393

1. Entity Name
UNION CAPITAL CORPORATION

Principal Place of Business	Mailing Address
14305 NW 14TH STREET PEMBROKE PINES, FL 33028	14305 NW 14TH STREET PEMBROKE PINES, FL 33028

24065861

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1233 SW 177 Terrace	1233 SW 177 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines Fl.	City & State: Pembroke Pines Fl.
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. FEI Number: 65-1156893 ☐ Applied For ☐ Not Applicable

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
LARA, ANTONIO ~~14305 NW 14TH STREET~~ PEMBROKE PINES, FL 33028	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 4-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	LARA, ANTONIO	NAME	Lara, Antonio
STREET ADDRESS	14305 NW 14TH STREET	STREET ADDRESS	1233 SW 177 Terrace
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	Pembroke Pines Fl. 33029
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: ______ 4-15-04 (954) 704-8494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #