FILED
Jun 23, 2003 8:00 am
Secretary of State
05-05-2003 91867 048 ***158.75

5/!

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000035875

1. Entity Name
FIRST UNITED SYSTEMS, INC.

55049599

Principal Place of Business	Mailing Address
PO BOX 521502 MIAMI, FL 53152	PO BOX 521502 MIAMI, FL 53152

2. Principal Place of Business		3. Mailing Address	
		SAme	
Suite, Apt. #, etc. P.O. Box 570326		Suite, Apt. #, etc. P.O. Box 570326	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33157	Country Dade	Zip 33157	Country Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 37-1425801 ☐ 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
RIVAS, BISMARK 31 NW 59 CT MIAMI, FL 33126	Name: Same Street Address (P.O. Box Number is Not Acceptable): 9335 S.W. 174 St. Miami, FL 33157 City FL Zip Code 33157

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 ____________________
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, BISMARK 31 NW 59 CT MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Amanda Alvarez 9335 SW. 174 St. Miami, FL. 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #