

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000084107

1. Entity Name
UNITED G. P. DEVELOPMENT CORP.



Principal Place of Business
**1646 SE 3RD CT
DEERFIELD BEACH, FL 33441**

Mailing Address
**1646 SE 3RD CT
DEERFIELD BEACH, FL 33441**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0846946

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZIMMERMAN, STEPHEN L
737 E ATLANTIC BLVD
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**100000321742
04/21/05-80091-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAVONE, JULIO
STREET ADDRESS	1646 SE 3RD CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	PAVONE, CELESTE
STREET ADDRESS	1646 SE 3RD CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JULIO PAVONE AS
DIRECTOR**

Date

Daytime Phone #

04/18/05 954-421-0520