
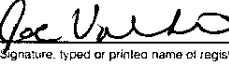



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90012 001 ***150.00

DOCUMENT # P03000118892 1. Entity Name UNITED EQUITY GROUP, INC.																										
Principal Place of Business 6909 S. W. 18TH STREET SUITE 301 BOCA RATON, FL 33433		Mailing Address 6909 S. W. 18TH STREET SUITE 301 BOCA RATON, FL 33433																								
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Suite, Apt. #, etc.	Suite, Apt. #, etc.																									
City & State	City & State																									
Zip	Country	Country																								
4. FEL Number <div style="text-align: center; font-size: 1.2em;">65-1070143</div>																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																										
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  DATE <u>1-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																										
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALKO, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4914 N. W. 52ND AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT CREEK, FL 33073</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>			TITLE	PD	<input type="checkbox"/> Delete	NAME	VALKO, JOSEPH		STREET ADDRESS	4914 N. W. 52ND AVENUE		CITY-ST-ZIP	COCONUT CREEK, FL 33073		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  <u>President</u> DATE <u>1-28-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										

24003300

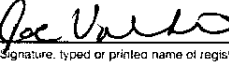


01272004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  DATE 1-28-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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STREET ADDRESS	4914 N. W. 52ND AVENUE		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  President DATE 1-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR