## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## May 19, 2003 8:00 am § Secretary of State P92000008739 DOCUMENT # 05-19-2003 90228 019 \*\*\*550.00 1. Entity Name UNITED MARKETING & CONSULTING INC. Principal Place of Business Mailing Address 2020 SW 135 AVE 2020 SW 135TH AVE. MIAM! FL 33175 STE 100 ---US MIAMI FL 33175 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0373223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORAMAS, CARLOS E Street Address (P.O. Box Number is Not Acceptable) 2020 S.W. 135 AVE. MIAMI FL 33175 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition ORAMAS, CARLOS E NAME NAME 2020 S.W. 135 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change Addition ORAMAS, VIVIAN D NAME NAME 2020 S.W. 135 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami fl ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 with all other like empow

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED**