2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business

CORAL GABLES FL 33134

Suite, Apt. #, etc.

2195

City & State

2. Principal Place of Business

alle

SIGNATURE:

2520 CORSI

1400 SALZEDO ST

106

P93000003448 **DOCUMENT #** 1. Entity Name UNITED PUBLISHERS OF FLORIDA, INC.

Mailing Address

US

1400 SALZEDO ST

Mailing Address

City & State

Suite, Apt. #, etc.

CORAL GABLES FL 33134

650

#605



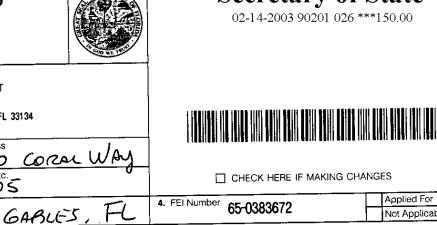
02-14-2003 90201 026 ***150.00

Applied For

\$8.75 Additional

Fee Required_

Not Applicable



5. Certificate of Status Desired

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
				Name RIANCO, WILFREDO		
BLANCO, WILFREDO			Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
1400 SALZEDO ST 106			1650 CORAL WAY			
CORAL GABLES FL 33134			# 605			
				'COKAL GADUE'		
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.					9.12-23	
SIGNATURE SIGNATURE				2 - 12 - 03 DATE		
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 9. Election Campaign Financing					9. Election Campaign Financing \$5.00 May Be	
After May 1, 2003 Fee will be \$550.00					Trust Fund Contribution.	
Make Check Payable to Florida Department of State						
10.	OFFICERS AND DIRECTO	RS /	11.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	Delete	TITLE		☐ Change ☐ Addition	
NAME	BLANCO, AMBROSIO W		NAME			
STREET ADDRESS	1400 SALZEDO ST #106		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP			
TITLE	P	☐ Delete	TITLE	94	ANW, WILEREDO Pachange Addition TO CORAL WAY # 605 TAL GABLES FC 33145	
NAME	BLANCO, WILFREDO		NAME	11 <	o corm way # 605	
STREET ADDRESS	1400 SALZEDO ST #106		STREET ADDRESS	16	0 -01-10 00 Ti 22 11/5	
CITY-ST-ZIP	CORAL GABLES FL 33134	·	CITY-ST-ZIP		CAL GABLES PL 33/43	
TITLE		☐ Delete	TITLE		Change Addition	
NAME	•		NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP					☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP					☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE NAME		L. stange	
NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	
TITLE		☐ Delete	NAME		_ •	
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
	actify that the information supplied with this filing	does not qualify for th	e exemption sta	ted in Section	119.07(3)(i), Florida Statutes. I further certify that the information	
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.						

Country