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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010487 (5)

UFC FINANCIAL HOLDINGS CORP.

Principal Place of Business Mailing Address 111 SYLVAN AVE. 111 SYLVAN AVE. **NEWARK NJ 07104** NEWARK NJ 07104-3803 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1993 05/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0419493 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COHEN, FRED C 712 U.S. HIGHWAY ONE 82 Street Address (P.O. Box Number is Not Acceptable) N PALM BEACH FL 33408 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typod or pointed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition TITLE 1.0 101.6 PAPARATTÓ, SABATINO NAME 1 P NAME 6574 NORTHSTATE ROAD 7 RTE 441 STREET ADDRESS 1.8 STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-7IP 14 CITY-ST-ZIP Addition DELE 1E Change TITLE 21 TILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-S1-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS OITY-ST-ZIP 3 4. CH1Y - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIF DELETE Change Addition TITLE 5 1 1111,6 NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELFTE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

SABATINO PAPARATTO