

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000024659 (2)

1. Corporation Name

UNITED JOBBERS ASSOCIATION, INC.

Principal Place of Business

7413 N.W. 54TH STREET  
MIAMI FL 33166

Mailing Address

7413 N.W. 54TH STREET  
MIAMI FL 33166



3. Date Incorporated or Qualified  
03/31/1994

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0505245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAPANES, ROGER  
11880 S.W. 5TH STREET  
MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME TAPANES, ROGER ☐ DELETE  
STREET ADDRESS 11880 S.W. 5TH STREET  
CITY - ST - ZIP MIAMI FL 33134

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VSD  
NAME LINARES, EDUARDO ☐ DELETE  
STREET ADDRESS 929 WEST 29TH STREET  
CITY - ST - ZIP HIALEAH FL 33012

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE VPD  
NAME GALDEANO, JOSE M ☐ DELETE  
STREET ADDRESS 531 EAST 64TH STREET  
CITY - ST - ZIP HIALEAH FL 33010

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE SD  
NAME RIVERO, ISMAEL ☐ DELETE  
STREET ADDRESS 2900 S W 12TH AVENUE  
CITY - ST - ZIP HIALEAH FL 33012

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE TD  
NAME DENIS, JORGE ☐ DELETE  
STREET ADDRESS 11403 N.W. 88TH AVENUE  
CITY - ST - ZIP HIALEAH GARDENS FL 33016

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE VTD  
NAME RENIER, GABRIEL ☐ DELETE  
STREET ADDRESS 5301 N.W. 2ND AVENUE  
CITY - ST - ZIP MIAMI FL 33127

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)