FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:32

DOCUMENT # **P94000056034 (9)**

1. Corporation Name

UNITED INTERACTIVE PARTNERS, INC.

Principal Place of Business	Mailing Address
6085 NW 167TH ST. UNIT B-14 MIAMI FL 33015	6085 NW 167TH ST. UNIT B-14 MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 65-0556392 | 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 was subject to intangibles tax under ch. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 change(s) 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: (If changing Registered Agent, Registered Agent must sign here) (If not, Registered Agent's signature not required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MERCER, DIANNE	12 NAME	
STREET ADDRESS	C/O 6085 NW 167TH ST., UNIT B-14	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MAGRUDER, LORI	22 NAME	
STREET ADDRESS	C/O 6085 NW 167TH ST., UNIT B-14	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MATHE, ERICK L	32 NAME	
STREET ADDRESS	C/O 6085 NW 167TH ST., UNIT B-14	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KYLE, JOHN N II	42 NAME	
STREET ADDRESS	C/O 6085 NW 167TH ST., UNIT B-14	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	GALLIK, ROBERT	52 NAME	
STREET ADDRESS	C/O 6085 NW 167TH ST., UNIT B-14	53 STREET ADDRESS	delete
CITY ST ZIP	MIAMI FL 33015	54 CITY ST ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	TOSCANO, DOMINICK J	62 NAME	
STREET ADDRESS	C/O 6085 NW 167TH ST., UNIT B-14	63 STREET ADDRESS	delete
CITY ST ZIP	MIAMI FL 33015	64 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)(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 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: Dianne Mercer — 5/18/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP