## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

UNION FIRST REALTY INC.

1. Corporation Name



DOCUMENT # P9400059431

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90150 029 \*\*\*150.00

Principal Place of Business Mailing Address							III BOITI ODIŞI Q	insa iain ana	14 11201 1101 18 <b>1</b> 1
20401 NW 2ND AVE. #207A MIAMI FL 33169		20401 NW 2ND AVE. #207A Miami Fl 33169				TE IN TUIO	22.05		
	ر معدمد د <u> </u>					DO NOT WRI  3. Date Incorporated or Qualifed	IE IN THIS	SPACE	
						08/08/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0416815		N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		• -	Additional
27						5. Certificate of States Besides		:-	Required
City & State City & State						6. Election Campaign Financing			May Be
23 Country		Zip Country				Trust Fund Contribution			to Fees
Zip		_ · · · .				This corporation owes the curr     Personal Property Tax.	ent year inte	angibie ∐Yes	□No
24	9. Name and Address of Current	_	<u> </u>			10. Name and Address of New F	Registered /		
	<u> </u>		81	Nar	ne				
	uels, sheila		82	Stre	ot Addre	ss (P.O. Box Number is Not Accepta	able)		
6133	N.W. 176TH TERRACE		82 Street Ad			SS (P.O. BOX NUMBER IS NOT Accept			
MIAMI FL 33015									
			84	City				85 Zip	Code
				1			<u> </u>	. [	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the above orized by	e-nam	ed corpo	ration submits this statement for the n's board of directors. I hereby accer	purpose of a the appoir	changing it ntment as r	s registered registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	3.					
SIGNATURE					<del></del>		DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signati	ire required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		$\neg$	N351110110101011111111111111111111111111		☐ Change	
NAME	DAULEY, LINDA		1 2 NAME						}
STREET ADDRESS	20401 NW 2ND AVE. #207A		1.3 STREE	TADORE	ss				{
CITY-ST-ZIP	MIAMI FL 33169	,	1.4 CITY-S	T-ZIP					
TITLE	TD	☐ DELETE	2.1 TITLE	2.1 TITLE				☐ Change	Addition
NAME	BECKFORD, HERMINE		2.2 NAME						ĺ
STREET AODRESS	20401 NW 2ND AVE. #207A		2.3 STREE	T ADDRE	ss				
CITY-ST-ZIP	MIAMI FL 33169		2.4 CITY-S	ST-ZIP	<del></del>			Channe	e
TITLE	SD	☐ DELETÉ	3.1 TITLE					Change	Addition
NAME	SAMUELS, SHEILA		3.2 NAME	~					
STREET ADDRESS	20401 NW 2ND AVE. #207A	di im Elio Me. "com		T ADDRE	:55				
CITY-ST-ZIP	MIAMI FL 33169	☐ DELETE	3.4. CITY-5	ST-ZIP				☐ Change	Addition )
TITLE			4.1 MAME						_
NAME			4.3 STREE		:ee				
STREET ADDRESS			4.4 CITY-S		.55				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	, ப				Change	Addition
NAME			5.2 NAME						
STREET ADDRESS		:	5.3 STREE	T ADORE	SS				
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME	. *		6.2 NAME						
STREET ADDRESS	• •		6.3 STREE	TADDRE	:ss				

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: