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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90039 011 ***150.00

DOCUMENT # P9500005463

UNITED	PROPERTIES OF ORLANDO	, INC.								
Principal Place	of Business	Mailing Address						Mili esili difil dibib		
7975 N.W. 154 ST. 7975 N.W. 154 ST.										
SUITE 400 SUITE 400										
MIAMI LAKES FL 33016 MIAMI LAKES FL 33016							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed 01/20/1995			
2. Principal Pla	ace of Business	2a. Mailing Address			4.	FEI Number	Ap	plied For		
21		26				65-0558606	- No	t Applicable		
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 A			
22		27					Obtained of Outdo Desired	Fee Re	quired	
City & State	•	City & State				6.	Election Campaign Financing	\$5.00		
23	· · ·	28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Coun	itry		8.	This corporation owes the current year			
24	25	29	30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Registe	red Agent		
HAD	IN DETERM		ľ	81	Name					
HODKIN, PETER M				82 Street Address (P.O. Box Number is Not Acceptable)						
2200 WEST COMMERCIAL BLVD.						`				
SUITE 302				83			- ''			
FORT LAUDERDALE FL 33309			ļ.	84	City			85 Zip (Code	
			ľ	O4	City			FL "	}	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was au ons of, Section 607.0505, Flori	thonzed ida Statui	by th	ne corpor	ation s oc	n submits this statement for the purposoard of directors. I hereby accept the a	ppointment as re	registered gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICER	Change	Addition	
TITLE	-			LE				☐ Ottalige		
NAME				MÉ						
STREET ADDRESS				REETA	NDDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33016			1.4 CITY-ST-ZIP					F7 4 4 495	
TITLE	_			2.1 TITLE .				Change	Addition	
NAME	CARDOSO, SILVIO A		2.2 NAM	ME						
STREET ADDRESS	. 7975 N.W154TH ST., SUITE 4	00	- 2.3 STR	REETA	NDDRESS -	~ ~		•		
CITY-ST-ZIP	MIAMI LAKES FL 33016		2. 4 CfT	TY-ST-	-ZIP					
TITLE	V DELETE			3.1 TITLE				☐ Change	☐ Addition	
NAME	BRIELE, ROBERT		3.2 NAM	ME						
			3.3 STR	REETA	DORESS					
CITY-ST-ZIP				TY-\$T-	-ZIP					
TITLE		☐ DELETE	4.1 TITL	ĻE				Change	☐ Addition	
NAME	•		4. 2 NA	ME						
STREET ADDRESS			4.3 STF	REETA	DDRESS				ł	
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	5.1 TITL	-				☐ Change	☐ Addition	

CITY-ST-ZIP 14. 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 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.

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition