

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90123 035 \*\*\*150.00

**DOCUMENT # P95000013584**

1. Entity Name

**UNION INCORPORATED**

Principal Place of Business

Mailing Address

1550 SW 63RD TERR  
 POMPANO BEACH FL 33068

1550 SW 63RD TERR  
 POMPANO BEACH FL 33068-4402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1550 SW 63 TER

POMPANO BEACH

City & State

City & State

POMPANO BEACH

FL

Zip

Country

Zip

Country

FL 33068

33068

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, JUAN CARLOS  
 1550 SW 63RD TERR  
 POMPANO BEACH FL 33068

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS ANGEL, MIGUEL  
 CITY-ST-ZIP 10208 HARBOR INN PLACE, BLDG. 25  
 CORAL SPRINGS FL 33071

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME ST  
 STREET ADDRESS RAMIREZ QUINTALLIA, ELEVI  
 CITY-ST-ZIP 1550 SW 63RD TERR  
 POMPANO BEACH FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS RAMIREZ, JUAN CARLSO  
 CITY-ST-ZIP 1550 SW 63RD TERR  
 POMPANO BEACH FL 33068

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/10/00

954) 969-0748  
 954) 205-7288

CR2E034 (9/99)