2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000013584

1. Entity Name

UNION INCORPORATED



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90147 036 ***150.00

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Principal Pla 1550 SW 63F	ce of Business	Mailing Address 1550 SW 63RD TERR						
POMPANO BEACH FL 33068		POMPANO BEACH FL 33068						
						A HERALTON ALE HEADY BURN BRAIN BONN BONN BONN) (31 () 3 (3 () 33 ()
2. Principal	Place of Business	3. Mailing Address				, and send a substance of the angles of the	06151 1090 1110 0110	n iziki didi iddi
Suite, Apt	t # etc	_ Suite, Apt. #, etc.						
					- =	CHECK HERE IF MA	KING CHANGES	5
City & State		City & State			4. FEI Number 65-0567757 Applied For			
						00-0007107	1	lot Applicable
Zip Country		Zip Cour		ntry 5		Certificate of Status Desired	\$8.75 Ac	
	6. Name and Address of Curre	nt Registered Agent		<u> </u>	7 N	lame and Address of New Registe	Fee Requir	ea
				Name		tame and Addicas of New Hegiste	ered Agent	
RAMIREZ, JUAN CARLOS				<u> </u>				
1550 SW 63RD TERR				Street Address (P.O. Box Number is Not Acceptable)				
POMPAN	O BEACH FL 33068				****			
				City			Zin Co.	da
			' FL					
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing	its register	ed office or regis	tered age	ent, or both, in the State of Florida.	I am familiar with	, and accept
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (Ne	OTE: Registere	d Agent signature requi	ired when re	instating) D	DATE	
F	ILE NOW!!! FEE IS \$150.00					, 500		
Afte	r May 1, 2003 Fee will be \$550.00			ر جي سمجو .	- •	9. Election Campaign Financing Trust Fund Contribution.		00 May Be
Make Chec	k Payable to Florida Department	of State				rrost runa Contribution.	· L Adde	a to rees
10.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
TITLE	VP	. Delete	TITLI				Change	☐ Addition
NAME	HERNANDEZ, CARLOS M 1550 SW 63RD TERR		NAM	- I				
STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL 33068			ET ADDRESS -ST-ZIP				
TITLE	P							
NAME	RAMIREZ, JUAN CARLSO	☐ Delete	TITLE NAM				☐ Change	Addition
STREET ADDRESS	1550 SW 63RD TERR			ET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33068		4	-ST-ZIP				
TITLE	S	☐ Delete	TITLE	-			Change	Addition
NAME	HERNANDEZ, MARIA C		NAM				снануе	□ MUUIIIUII
STREET ADDRESS	1550 SW 63RD TERR		STRE	ET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33068			-ST-ZIP				
TITLE		☐ Delete	TITLE			a de la constanta de la consta	☐ Change	Addition
NAME			NAMI				change	
STREET ADDRESS				ET ADDRESS				

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE REQUIRED

☐ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition