

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035568 (1)
1. Corporation Name

UNITED TECHNOLOGY SERVICES, INC.

Principal Place of Business

Mailing Address

3129 WEST 73RD PLACE
HIALEAH FL 33016

3129 WEST 73RD PLACE
HIALEAH FL 33016



3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3129 W 73 PL

26 3129 W 73 PL

4. FEI Number

65-0572723

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 HIALEAH, FL

28 HIALEAH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33016 25 DADE

29 33016 30 DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAMISSIAN, AMY
3129 WEST 73RD PLACE
HIALEAH FL 33016

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 changing 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP
AMY KHAMISSIAN
3129 W 73 PLACE
HIALEAH, FL 33016

11 TITLE ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT

12 NAME ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

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24 CITY-ST-ZIP ☐ Change ☐ Addition

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31 TITLE ☐ Change ☐ Addition

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32 NAME ☐ Change ☐ Addition

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33 STREET ADDRESS ☐ Change ☐ Addition

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34 CITY-ST-ZIP ☐ Change ☐ Addition

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41 TITLE ☐ Change ☐ Addition

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42 NAME ☐ Change ☐ Addition

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43 STREET ADDRESS ☐ Change ☐ Addition

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44 CITY-ST-ZIP ☐ Change ☐ Addition

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51 TITLE ☐ Change ☐ Addition

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52 NAME ☐ Change ☐ Addition

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53 STREET ADDRESS ☐ Change ☐ Addition

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54 CITY-ST-ZIP ☐ Change ☐ Addition

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61 TITLE ☐ Change ☐ Addition

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62 NAME ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

63 STREET ADDRESS ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

64 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

AMY KHAMISSIAN 6/10/96 (305) 529-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)