Frankling, & Laur	~	# P95000		UB	UI AUG 21 PM II: 5°
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incipal Pla	ace of Business		Mailing Address		SECRETALY OF STATE TALLAHASSEE PLOPED.
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Principal I	Place of Busine	ess .	3. Mailing Address		
Suite, Apt	t. #, etc.		Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE
City & Sta	ate		City & State		4. FEI Number Applied For Not Applied by
Zip		Country	Zip	Country	5. Certificate of Status Desired Service Servi
	6. Name i	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
·· ,	Clauc	lia M. Ha	طنط	Name	
		NM 108		Street Add	Idress (P.O. Box Number is Not Acceptable)
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## UNITED MANAGEMENT CORPORATION DOC.#P95000055856

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

, DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

CLAUDIA M. HABIB

**PRESIDENT** 

OFFICE USE ONLY (Document #) EXPRESS CORPORATE FILING SERVICE INC (Requestor's Name) 1000 PONCE DE LEON BLVD. STE: 101 (Address) CORAL GABLES, FL 33134 305-444-4994 (City, State, Zip) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) Pick up time Certified Copy Will wait Photocopy Certificate of Status **AMENDMENTS** NEW FILINGS Repport 1st and amendment Profit 🗟 Amendment NonProdi Resignation of R.A., Officer/Director Limited Cability Change of Registered Agent Dissolution/Withdrawal **Domestication** Other OTHER FILNCS REGISTRATION QUALIFICATION Annual Report DNITIL 10 Fictitious Name Limited Partnership Name Reservation OL WV Reinstatement APPORT OF STATE OF STATE APPROVED THE OF STATE OF STATE OF SURPORATIONS Examiner's Initials