

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90227 015 ***158.75

DOCUMENT # *P96000020810*

1. Entity Name

UNITED PROFESSIONAL GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2813 SW 142 PLACE

3. Mailing Address

2813 SW 142 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0648653

Applied For

Not Applicable

Zip

33175

Country

DADE

Zip

33175

Country

DADE

5. Certificate of Status Desired

☒ -

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *ROXANA E. RAMIREZ*

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

2813 SW 142 PLACE

City

MIAMI

FL

Zip Code

33175

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-27-2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P RAMIREZ, JORGE 2813 SW 142 PLACE MIAMI, FL 33175</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD RAMIREZ, ROXANA E. 2813 SW 142 PLACE MIAMI, FL 33175</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-27-02 305-552-5976

Date

Daytime Phone #