

2001 UNIFORM BUSINESS REPORT (UBR)

0176866

DOCUMENT # P96000068481

1. Entity Name
UNITED HOLDINGS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 1:05

Principal Place of Business
**3615 N.W. SO. RIVER DRIVE
MIAMI FL 33142**

Mailing Address
**3615 N.W. SO. RIVER DRIVE
MIAMI FL 33142**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**2300 Coral Way
Suite, Apt. #, etc.
Suite # 200**

3. Mailing Address
**2300 Coral Way
Suite, Apt. #, etc.
Suite # 200**

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0792713**

Applied For
Not Applicable

Zip Country
33145 US

Zip Country
33145 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

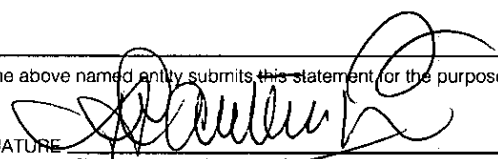
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, SILVER & LEVY, P.A.
501 BRICKELL KEY DR., STE. 200
MIAMI FL 33131**

Name
FLORIDA ANNUAL REPORT SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
2300 Coral Way, Suite # 200
City **Miami** FL Zip Code **33145**

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  **AMADA CANTERA LOPEZ, President** DATE **4/15/01**

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, 2001 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 **PSTD GRAU, ABDON**
STREET ADDRESS **3615 N.W. SO. RIVER DRIVE**
CITY-ST-ZIP **MIAMI FL 33142**

☐ Change ☐ Addition
400004134024--7
-05/03/01--01104--012
******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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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 **4/15/01** Daytime Phone #

CR2E034 (10/00)