

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90003 023 \*\*\*150.00

**DOCUMENT # P96000086919**

1. Entity Name  
**UC HOLDINGS, INC.**

Principal Place of Business  
**16457 NE 6TH AVE  
 NORTH MIAMI BEACH FL 33162  
 US**

Mailing Address  
**16457 NE 6TH AVE  
 NORTH MIAMI BEACH FL 33162-3675  
 US**

2. Principal Place of Business  
**1600 NW 83 Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1600 NW 83 Way**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

4. FEI Number **65-0715934**

Applied For  
 Not Applicable

Zip **33024** Country **US**

Zip **33024** Country **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

**ROTH, MITCHEL W  
 16459 NORTHEAST 6TH AVENUE  
 NORTH MIAMI BEACH FL 33162**

Name  
**MITCHEL W ROTH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1600 NW 83 Way**

City **Pembroke Pines** FL Zip Code **33024**

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 **MITCHEL W ROTH**  
 Signature, typed or printed name of registered agent and title if applicable.

**4/8/00**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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  
**D**  
 NAME **ROTH, MITCHEL W**  
 STREET ADDRESS **16457 NE 6TH AVE**  
 CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1600 NW 83 Way**  
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: **MITCHEL W ROTH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/00**  
 Date

**954-441-4255**  
 Daytime Phone #

CR2E034 (9/99)