

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036198

1. Entity Name

UNITED GLOBAL ENTERPRISES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90076 027 ***150.00

Principal Place of Business

10674 NE 11TH AVE
MIAMI SHORES FL 33138
US

Mailing Address

10674 NE 11TH AVE
MIAMI SHORES FL 33138-2121
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0745987

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PABLO CEDRON
10674 NE 11TH AVE
MIAMI SHORES FL 33138

Name DIANA CEDRON-SANCHEZ

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

10674 NE 11TH AVE

City MIAMI SHORES

FL

Zip Code 33138-2121

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, 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, 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 PSTD
NAME SANCHEZ, DIANA
STREET ADDRESS 8860 SW 123 COURT #K407
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE PSTD
NAME SANCHEZ, DIANA
STREET ADDRESS 10674 NE 11TH AVE
CITY-ST-ZIP MIAMI SHORES FL 33138-2121 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Daytime Phone #

CR2E034 (9/99)