

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057050

1. Entity Name

UNITED EXPORT SERVICES, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90026 047 ***150.00

Principal Place of Business

1437 SW FIRST WAY
DEERFIELD BCH FL 33441

Mailing Address

1437 SW FIRST WAY
DEERFIELD BCH FL 33441

2. Principal Place of Business

3484 PALLADIUM CIRCLE

3. Mailing Address

UNITED EXPORT SERVICE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 970005

City & State

DEERFIELD BCH, FLA

City & State

COCONUT CREEK FL.

Zip

Country

33442

U.S.A.

Zip

Country

33097

U.S.A.

4. FEI Number

65-0764828

Applied For

Not Applicable

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

FORINO, PATRICIA
1437 SW FIRST WAY
DEERFIELD BCH FL 33441

Name

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

City

FL

Zip Code

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, 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 D
STREET ADDRESS FORINO, PATRICIA
CITY-ST-ZIP 1437 SW FIRST WAY
DEERFIELD BCH FL 33441

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS FORINO PATRICIA
CITY-ST-ZIP 3484 PALLADIUM CIRCLE
DEERFIELD BCH, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA FORINO

04-16-01 (954) 418-0555

Date Daytime Phone #

CR2E034 (10/00)