

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90356 035 \*\*\*150.00

0594079 AT

**DOCUMENT # P97000057050**

1. Entity Name

**UNITED EXPORT SERVICES, INC.**

Principal Place of Business

**3484 PALLADIUM CIRCLE  
DEERFIELD BEACH FL 33442**

Mailing Address

**UNITED EXPORT SERVICE  
P O BOX 970005  
COCONUT CREEK FL 33097**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



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 **FORINO PATRICIA**

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

**3484 PALLADIUM CIRCLE**

City **DEERFIELD BCH**

**FL**

Zip **33442**

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.

**PATRICIA FORINO**

(NOTE: Registered Agent signature required when reinstating)

**04-01-02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORINO, PATRICIA 3484 PALLADIUM CIRCLE DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

**PATRICIA FORINO**

**04-01-02**

**954-418-0555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)