

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000061708

1. Entity Name

UNITED FINANCIAL PROPERTY MANAGEMENT INC

Principal Place of Business

Mailing Address

1717 N. BAYSHORE DRIVE ← SAME
SUITE 103
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABALLERO, JOSE J
1717 N. BAYSHORE DRIVE
SUITE 103
MIAMI FL 33132

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, 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	PD	<input type="checkbox"/> Delete
NAME	CABALLERO, JOSE J	
STREET ADDRESS	1717 N. BAYSHORE DRIVE SUITE 103	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

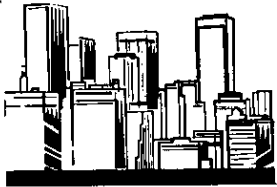
8-30-00

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90002 046 ***150.00

00083405

DO NOT WRITE IN THIS SPACE



UNITED FINANCIAL PROPERTY MANAGEMENT INC.

1717 N. BAYSHORE DR., SUITE 103 • MIAMI, FLORIDA 33132 • PHONE (305) 371-5999 / FAX (305) 371-5933

Attachment doc #
P97000061708
DW83405

August 30, 2000

Divisions of Corporations

Dear Mr. Shawn:

As we discussed during our last telephone call, I mentioned that I was experiencing problems receiving mail correspondence. As a result I never received the original 2000 Uniform Business Report forms.

I am now forwarding you a completed form with the corporation information requirements. Enclosed also find a check for \$150.00, check number 1796. As per our conversation, I am sending this amount without penalties fees, since I never received the original forms. The second set of requested forms arrived past the deadline.

Please advise if you need further verification of the delayed correspondence problems from the postal office.

Thanks for your help.

Jose Julio Caballero
President
United Financial Property Management