Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90184 015 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089798

1. Corporation Name

FIRST U	NITED FINANCIAL, INC.									
Principal Place	of Business	Mailing Address				1	(00):00: III 10III 10EII	##III ##III BOKI ##		
3471 W FEDERAL HWY SUITE 202 FT LAUDERDALE FL 33442 S171 W FEDERAL HWY SUITE 202 FT LAUDERDALE FL 33442 FT LAUDERDALE FL 33442						DO NOT WRITE IN THIS SPACE				
					Ì		Incorporated or Q	ualifed		Ì
							<u>7/1997 </u>			
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEIN			⊢ ⊢∸	plied For
21		26	· -			65-0	<u>814386</u>		\$8.75	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certif	ate of Status Des	sired	Fee Re	quired
City & State	е	City & State					on Campaign Fina	- 11	\$5.00	
23		28					Fund Contribution		Added	o rees
Zip	Country	Zip	Counti	у	1		orporation owes t	ne current year	Intangible Yes	□No
24	25 29 30 30 9. Name and Address of Current Registered Agent						nal Property Tax. and Address of	New Register		
	g. Name and Ad Iress of Curren	t Registered Agent	8	1 Name	~		1/1/2	11 11		
VALL	etta, gary v			1 1	· · ·	14	V. Va	11211	<u>~</u>	
3007 LAKESHORE DR			8	2 Street	Addres	s (PDD. Bo	Number is Not	Acceptable)	Lane	<i>></i>
DEERFIELD BEACH FL 33442			8	3	_:_U		//wy	- A Vac	our	
			8			7			. 85 Zip (iode-7R
					<u> </u>	TIE	-	<u> </u>	نين الـ	777
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norizea a	v the corbo	corpera oration's	s board of	directors. I hereb	y accept the ap	cointment as re	gistered
SIGNATURE										
	Signature, typed or printed name of registered ager	_ 		ent signature r	rec uired w		IONS/CHANGES	DATE	AND DIDECTO) 3C (N 42
12.		ID DIRECTORS	13, 1.1 TITLE		PD				Change	☐ Addition
TITLE	PD VALLETTA CARY V	- Bettere	1.2 NAME		60	۱ بید	1-Valle 17495 piter	tta-		
NAME	VALLETTA, GARY V		•	-	()	`7 '	171000	Hayne	e Lau	ne
STREET ADDRESS	3007 LAKESHORE DR		F .	ET ADDRESS	i		1 /473	=1	22476	3.
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	☐ DELETE	1.4 CITY- 2.1 TITLE		-	10	picer /	1- C	Change	Addition
TITLE	VP/S		2.1 IIILE							
NAME	JESSE BERGER			ET ADDRESS	İ					
STREET ADDRESS	2600 NE 30TH ST FT LAUDERDALE FL 33306									Ì
CITY-ST-ZIP	FI LAUDENDALE FL 33300	□ DELETE	2. 4 CITY 3.1 TITLE						Change	Addition
TITLE	I		3 2 NAM							ļ
NAME STREET ADDRESS				ET ADDRESS						
			3.4. CITY							}
CITY-ST-ZIP TITLE		☐ DELETE	4 1 TITLE		 				Change	Addition
NAME			4. 2 NAM	E	i					
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			4.4 CITY							
TITLE		☐ DELETE	5 1 TITLE						Change	Addition
NAME			5.2 NAMI	•						1
STREET ADDRESS			5.3 STRE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		Γ				☐ Change	Addition
NAME			6.2 NAM	=	1					
STREET ADDRESS			6.3 STRE	ET ADDRESS						

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 corpora ion or the receiver or trusted empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: