

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0297131 AV

DOCUMENT # P97000098867

1. Entity Name
U.C.S. ASSOCIATES, INC.

03-12-2002 90996 030 ***150.00

Principal Place of Business
14089 SW 144 AVE. RD
MIAMI FL 33186

Mailing Address
14089 SW 144 AVE. RD
MIAMI FL 33186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0861352**

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

BURNS, EDWARD
17902 S.W. 88TH PL
MIAMI FL 33157

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, 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 **P** ☒ Delete
 NAME **WALKER, BENJAMIN JR**
 STREET ADDRESS **13945 CARTEE ROAD**
 CITY-ST-ZIP **MIAMI FL 33158**

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

TITLE **VP** ☒ Delete
 NAME **BURNS, EDWARD**
 STREET ADDRESS **17902 SW 88 PL**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **BURNS EDWARD**
 STREET ADDRESS **17902 SW 88 PL**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **AVP** ☒ Delete
 NAME **WALKER, NANCY**
 STREET ADDRESS **13945 CARTEE RD**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **GLASS CHRISTOPHER**
 STREET ADDRESS **4579 BRANDERMILL CT.**
 CITY-ST-ZIP **EVANS, GA. 30809**

TITLE **S** ☐ Delete
 NAME **BURNS, JOAN**
 STREET ADDRESS **17902 S.W 88TH PL**
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 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 all other like empowered.

SIGNATURE: **Edward C. Burns**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)