## 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 # P9800000459

UN CUBE, INC.

## FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90021 008 \*\*\*150.00

Principal Place of Business	Mailing Address		. Libalikear tid ididt kallı daliri daliri	Anii: Enii onii onii biesi	BYLLE SELL LEGI
4000 NORTH TAMPA ST PARK TOWER. STE# 2625 TAMPA FL 33602  4000 NORTH TAMPA ST PARK TOWER. STE# 2625 TAMPA FL 33602			3. Date Incorporated or Qualifed	E IN THIS SPACE	
D. Data de l'Dissa of Province	2a. Mailing Address	· <del>-</del>	01/01/1998 4. FEI Number	Ann	olied For
2. Principal Place of Business	26. Maning Address		60 - 351-3453		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	71712123	\$8.75 A	
22	27		5. Certifcate of Status Desired	Fee Rec	quired
City & State	City & State	<del></del>	6. Election Campaign Financing	\$5.00	
23	28		Trust Fund Contribution	Added to	o Fees
Zip   Country	Zip 29 3	Country	<ol><li>This corporation owes the currer personal Property Tax.</li></ol>		EN6
9. Name and Address of Current Registered Agent			10. Name and Address of New Re	gistered Agent	
LEFLOCH, EUGENE M 4000 NORTH TAMPA ST PARK TOWER, STE# 2625 TAMPA FL 33602		81 Name LeFJ 82 Street Addi 400 A 83 PARK	och, Eugene M. ress (P.O. Box Number is Not Acceptable NORTH TAMPA ST TOWER, STE #26		code
		S.S.T. A	mPA	FL   133/	602
				<u> </u>	<i>DD</i>
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the support o	of Florida. Such change was aut tions of, Section 607.0505, Floric	norized by the corporate la Statutes.	on's board of directors. I nereby accept	trie appointment as reg	registered gistered
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14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

813-225-1918

Change

☐ Addition