

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042347

1. Entity Name
UNION INVESTMENT CORP.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90077 029 ***150.00

Principal Place of Business

8345 SW 168 TERRACE
MIAMI FL 33157
US

Mailing Address

8345 SW 168 TERRACE
MIAMI FL 33157
US

2. Principal Place of Business

3. Mailing Address

15401 Durnford Dr

15401 Durnford Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Lakes

Miami Lakes Fla

City & State

City & State

Fla

Fla

Zip

Country

Zip

Country

33014

US

33014

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838770

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

BELLO, ILEANA
8345 SW 168 TERRACE
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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BELLO, ILEANA	
STREET ADDRESS	8345 SW 168 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: x

Ileana Bello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2001
Date

Daytime Phone #

CR2E034 (10/00)