

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90309 003 \*\*\*150.00

**DOCUMENT # P98000087006**

**1. Entity Name**  
**UNION FINANCIAL SERVICES, INC.**



**Principal Place of Business**  
**9625 W SAMPLE RD**  
**CORAL SPRINGS FL 33065**  
**US**

**Mailing Address**  
**PO BOX 865T**  
**CORAL SPRINGS FL 33075**



**2. Principal Place of Business**

**3. Mailing Address**

**1475 W. Cypress Creek Rd.**  
**Suite, Apt. #, etc.**  
**204**

**1475 W. Cypress Creek Rd.**  
**Suite, Apt. #, etc.**  
**204**

**City & State**  
**Ft. Lauderdale FL**

**City & State**  
**Ft. Lauderdale FL**

**Zip** **33309** **Country** **US**

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**4. FEI Number** **65-0869532**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CARPINIELLO, FRANK**  
**9625 W SAMPLE RD**  
**CORAL SPRINGS FL 33065**

**Name** **Frank Carpiniello**  
**Street Address (P.O. Box Number is Not Acceptable)** **1475 W. Cypress Creek Rd. #204**  
**City** **Ft. Lauderdale** **FL** **Zip Code** **33309**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Signature, typed or printed name of registered agent and title if applicable.**

**Frank Carpiniello**

**1/23/03**

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Delete**  
**NAME** **CARPINIELLO, FRANK**  
**STREET ADDRESS** **9625 W SAMPLE RD**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33065**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **Frank Carpiniello**  
**STREET ADDRESS** **1475 W. Cypress Creek Rd. #204**  
**CITY-ST-ZIP** **Ft. Lauderdale FL 33309**

**TITLE** **P** ☐ **Delete**  
**NAME** **GREENE, ELLIOT**  
**STREET ADDRESS** **9625 W SAMPLE RD**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33065**

**TITLE** **P** ☒ **Change** ☐ **Addition**  
**NAME** **Elliot Greene**  
**STREET ADDRESS** **1475 W. Cypress Creek Rd. #204**  
**CITY-ST-ZIP** **Ft. Lauderdale FL 33309**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE OF FRANK CARPINIELLO** **1/23/03**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)