

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044002

Entity Name: UCB PROPERTY, CORP.

FILED  
Feb 20, 2009  
Secretary of State

## Current Principal Place of Business:

1150 S. MIAMI AVE.  
MIAMI, FL 33130

## New Principal Place of Business:

## Current Mailing Address:

1150 S. MIAMI AVE.  
MIAMI, FL 33130

## New Mailing Address:

FEI Number: 65-0919128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RISHMAGUE, MIGUEL  
3760 N.W. 54TH ST.  
MIAMI, FL 33142 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RISHMAGUE, MIGUEL  
Address: 1150 S. MIAMI AVE.  
City-St-Zip: MIAMI, FL 33130

Title: EVPS ( ) Delete  
Name: RISHMAGUE, SANDRA  
Address: 1150 S. MIAMI AVE,  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RISHMAGUE, MIGUEL  
Address: 1150 S. MIAMI AVE.  
City-St-Zip: MIAMI, FL 33130

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL RISHMAGUE

PD

02/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date