

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
May 30, 2000 8:00 am
Secretary of State

05-04-2000 90069 027 ***150.00

DOCUMENT # P990000-44004

1. Entity Name

UNION CREDIT CORP.

Principal Place of Business

1150 S.Miami Ave.
MIAMI, FLORIDA 33130

Mailing Address

1150 S.MIAMI Ave.
MIAMI, FLORIDA 33130

2. Principal Place of Business

1150 S.Miami Ave.
Suite, Apt. #, etc.

3. Mailing Address

1150 S.Miami Ave.
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip Country

33130

City & State

MIAMI, FLORIDA

Zip Country

33130

4. FEI Number

65-0919129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIGUEL RISHMAGUE
1150 S.MIAMI AVE.
MIAMI, FLORIDA 33130

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

PD RISHMAGUE, MIGUEL 1150 S. Miami Ave. MIAMI, FLORIDA 33130	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Rishmague
President

4-20-00 305-372-1214

Date

Daytime Phone #

CR2E034 (9/99)