

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

01-27-2003 90232 017 \*\*\*150.00

**DOCUMENT # P99000056737**

**1. Entity Name**  
**UBFLA PROCESSING CORPORATION**



**Principal Place of Business**  
**1801 N. PINE ISLAND ROAD**  
**PLANTATION FL 33322**

**Mailing Address**  
**1801 N. PINE ISLAND ROAD**  
**PLANTATION FL 33322**



**2. Principal Place of Business**

**1580 Sawgrass Corporate Parkway**  
**Suite, Apt., etc. Suite 310**

**3. Mailing Address**

**1580 Sawgrass Corporate Parkway**  
**Suite, Apt., etc. Suite 310**

**City & State**  
**Sunrise FL**

**City & State**  
**Sunrise FL**

**4. FEI Number** **65-0942877**

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

**Zip** **33323**

**Country** **USA**

**Zip** **33323**

**Country** **USA**

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

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

**SIGNATURE**

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

(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**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **WINES, LYNNE**  
**STREET ADDRESS** **1801 N. PINE ISLAND ROAD**  
**CITY-ST-ZIP** **PLANTATION FL 33322**

**TITLE** **V** ☐ **Delete**  
**NAME** **KELLEY, WILLIAM**  
**STREET ADDRESS** **1801 N PINE ISLAND RD**  
**CITY-ST-ZIP** **PLANTATION FL 33322**

**TITLE** **S** ☐ **Delete**  
**NAME** **POLLARD, CARLA**  
**STREET ADDRESS** **1801 N. PINE ISLAND ROAD**  
**CITY-ST-ZIP** **PLANTATION FL 33322**

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

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

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

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

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

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

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**1/6/03 (954) 839-1100**

CR2E034 (10/02)

**UNION BANK**

Union Bank  
P.O. Box 5787  
Fort Lauderdale,  
Florida 33310-5787

*Attachment  
20014584  
P99000056737*

January 6, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

RE: Year 2003 -- Uniform Business Report Filings for:  
UBFLA Processing Corporation -- 65-0942877

Dear Sir or Madam:

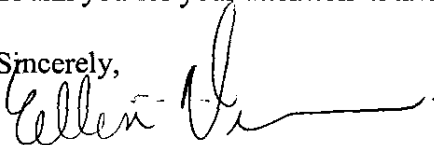
Enclosed please find the completed Uniform Business Report for the above referenced entity, together with our check in the amount of \$150.00, which represents the required filing fee.

Please note the correction to the mailing address for the Corporation.

If you have any questions, please feel free to contact me at (954) 839-1102 or [evivian@unionbk.com](mailto:evivian@unionbk.com).

Thank you for your attention in this regard.

Sincerely,



Ellen Vivian  
Assistant to Lynne Wines

