

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90991 029 ***150.00

DOCUMENT # P99000064142

1. Entity Name
UNITED FINANCIAL CENTER CORP.



Principal Place of Business
**9210 SUSET DR
SUITE 103
MIAMI FL 33173**

Mailing Address
**9210 SUSET DR
SUITE 103
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

7765 SW 87 AVE

7765 SW 87 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 209

SUITE 209

City & State

City & State

MIAMI, FL

MIAMI FL

Zip

Zip

33173

33173

Country

Country

DAOE

DAOE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0934389**

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

**MANTILLA, BENJAMIN
14841 SW 157 TERR
MIAMI FL 33187**

Name

Street Address (P.O. Box Number is Not Acceptable)

7765 SW 87 AVE SUITE 209

City

MIAMI

FL

Zip Code

33123

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MANILLA, BENJAMIN**
STREET ADDRESS **14841 SW 157 TERR**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 or without other like empowered.

SIGNATURE:

SIGNATURE OF BENJAMIN MANTILLA 04/04/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)