

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074520

1. Entity Name

THE UNION GROUP, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90006 045 ***158.75

Principal Place of Business

Mailing Address

2800 BISCAYNE BLVD. 3600 S. State Rd 7
SUITE 400 Suite 220
MIAMI FL 33137 Miramar, FL 33023



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3600 S. State Rd 7
Suite 220
Miramar, FL 33023

City & State

City & State

Miramar, FL

4. FEI Number 65-0941287

Applied For

Not Applicable

33023

U.S.A.

33023

U.S.A.

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

BRYANT, THEODORA
2800 BISCAYNE BLVD 3612 Acapulco Dr.
SUITE 400
MIAMI FL 33137 Miramar, FL 33025

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME THOMAS, OSCAR LEWIS
STREET ADDRESS 2800 BISCAYNE BLVD. SUITE 400
CITY-ST-ZIP MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME THOMAS, CAROL
STREET ADDRESS 2800 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME BRYANT, THEODORA
STREET ADDRESS 2800 BISCAYNE BLVD. SUITE 400
CITY-ST-ZIP MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

13. 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

Date

Daytime Phone #

CR2E034 (10/00)