

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90063 020 \*\*\*158.75

**DOCUMENT # P99000075289**

1. Entity Name

**UNION PLANTERS REALTY INVESTMENTS CORP.**

Principal Place of Business

**5500 COLLINS AVE. APT. 1401  
 MIAMI GARDENS FL 33140**

Mailing Address

**5500 COLLINS AVE. APT. 1401  
 MIAMI GARDENS FL 33140**

2. Principal Place of Business

**PO BOX 402283**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 402283**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH**

City & State

**MIAMI BEACH**

Zip

**33140**

Country

**DADE**

Zip

**33140**

Country

**DADE**

4. FEI Number

**65-6997819**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EXPOSITO, SIGMUND**

**5500 COLLINS AVE. APT. 1401  
 MIAMI GARDENS FL 33140**

7. Name and Address of New Registered Agent

Name

**Sigmund Exposito**

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

**19333 COLLINS AVE #510**

City

**MIAMI BEACH**

**FL**

Zip Code

**33140**

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

*Sigmund Exposito*

**4/17/02**

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, 2002 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

TITLE	TSP	<input checked="" type="checkbox"/> Delete
NAME	EXPOSITO, ANA J	
STREET ADDRESS	5500 COLLINS AVE #1401	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PDD	<input checked="" type="checkbox"/> Delete
NAME	EXPOSITE, SIGMOND	
STREET ADDRESS	5500 COLLINS AVE #1401	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Exposito ANA J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 402283	
STREET ADDRESS	MB FLA 33140	
CITY-ST-ZIP	PD	
TITLE	Exposito SIGMOND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 402283	
STREET ADDRESS	MIAMI BEACH FLA 33140	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02**

Date

Daytime Phone #

CR2E034 (9/01)