

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90077 033 ***150.00

DOCUMENT # P99000076247

1. Entity Name
UNITED BROKERS INTERNATIONAL, INC.

Principal Place of Business

17061 EMILE STREET, #6
BOCA RATON FL 33487

Mailing Address

17061 EMILE STREET, #6
BOCA RATON FL 33487

2. Principal Place of Business

6760 PALERMO WAY

3. Mailing Address

6760 PALERMO WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

4. FEI Number

65-0947733

Applied For

Not Applicable

Zip

Country

33467

USA

Zip

Country

33467

USA

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

RYAN, JAMES D
11891 US HWY ONE, #201
NORTH PALM BEACH FL 33408

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **RICHARDS, SCOTT**
STREET ADDRESS **17061 EMILE STREET #6**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **RICHARDS, SCOTT**
STREET ADDRESS **6760 PALERMO WAY**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **S** ☒ **Delete**
NAME **DIENER, JOEL**
STREET ADDRESS **4201 N OCEAN BLVD BLDG C APT 101**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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 all other like empowered.

SIGNATURE:

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

SCOTT RICHARDS

Date

Daytime Phone #

561-304-2896
561-649-4547

CR2E034 (9/01)