## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000077989** May 03, 2000 8:00 am Secretary of State UNITED LADS, INC. 05-03-2000 90121 015 \*\*\*150.00 Mailing Address Principal Place of Business 65 NW 188TH STREET 65 NW 188TH STREET MIAMI FL 33169-4014 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIGUEROA, LUIS A Street Address (P.O. Box Number is Not Acceptable) 65 NW 188TH STREET **MIAMI FL 33169** 8. The above named entity submits this statement for the purpose of changing its registered office expegistered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE FIGUEROA, LUIS A NAME NAME STREET ADDRESS 1121 SW 87TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33025 $\overline{\mathsf{V}\mathcal{D}}$ Change ☐ Addition ☐ Delete TITLE TITLE AIFRED G. MCINTOSH MCINTOSH, ALFRED G NAME NAME 65 N.W. 188 STREET STREET ADDRESS STREET ADDRESS 65 NW 188TH STREET miami, FL. 33169 CITY-ST-ZIP CITY-ST-ZIP **MIAML FL 33169** Addition Delete TITLE NAME TAYLOR, DWAINE A STREET ADDRESS STREET ADDRESS 1440 NW 192ND TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** Addition ☐ Change ☐ Delete TITLE DAVID JORDAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP