

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

0501842

DOCUMENT # **P99000085068**

1. Entity Name

UNITED SCREENING SERVICES CORPORATION

01-17-2001 90094 021 ***150.00

Principal Place of Business	Mailing Address
5749 SW 19TH ST 6033 SW 8 ST MIAMI FL 33155	P.O BOX 43-1321 SOUTH MIAMI FL 33243

C0005030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6033 SW 8 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Miami, FL	

4. FEI Number	Applied For
65-0949962	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
33144	USA	33144	

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SANCHEZ, ROBERT E
5749 SW 19TH ST
MIAMI FL 33155

7. Name and Address of New Registered Agent

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 **Robert E. Sanchez** **1-8-01**
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.

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		<input type="checkbox"/> Delete
TITLE	P	
NAME	ALBITE, ALBERTO	
STREET ADDRESS	5749 SW 19TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	V	
NAME	SANCHEZ, ROBERTO E	
STREET ADDRESS	5749 SW 19TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	
NAME	SANCHEZ, LOURDES A	
STREET ADDRESS	5749 SW 19TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: **Robert E. Sanchez / U.P.** **1-8-01 (309) 262-4160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)