

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-25-2002 90020 004 ***150.00

UBR1106 1A

DOCUMENT # P99000085068

1. Entity Name
UNITED SCREENING SERVICES CORPORATION

Principal Place of Business Mailing Address
6033 SW 8TH ST **P.O BOX 43-1321**
MIAMI FL 33144 **SOUTH MIAMI FL 33243**

80033397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

4343 W. Flagler St. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
350

City & State City & State
Miami, FL.

4. FEI Number Applied For
65-0949962 Not Applicable

Zip Country Zip Country
33134 **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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | P ALBITE, ALBERTO 5749 SW 19TH ST MIAMI FL 33155 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | V SANCHEZ, ROBERTO E 5749 SW 19TH ST MIAMI FL 33155 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | S SANCHEZ, LOURDES A 5749 SW 19TH ST MIAMI FL 33155 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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, VP Date: 02/13/02 Daytime Phone #: (305) 774-1711

CR2E034 (9/01)