

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 043 ***150.00

0305654 - AV

DOCUMENT # V09525

1. Entity Name
UNITED PAPER, CORP.



Principal Place of Business
**11112 NW 71 TERR
MIAMI FL 33178**

Mailing Address
**11112 NW 71 TERR
MIAMI FL 33178
US**

2. Principal Place of Business

6661 NW 107 CT
Suite, Apt. #, etc.

3. Mailing Address

6661 NW 107 CT
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0318546

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VILLACRECES, MANUEL
11112 NW 72 TERRACE
MIAMI FL 33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PSD VILLACRECES, MANUEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7302 NW 107 PL MIAMI FL 33178	
TITLE NAME	VD EUCARIS, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7302 NW 107 PL MIAMI FL 33178	
TITLE NAME	TD TORRES, JUAN CARLOS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7302 NW 107 PL MIAMI FL 33178	
TITLE NAME	SD SCOTT, SONIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7302 NW 107 PL MIAMI FL 33178	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 10 or Block 11 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

04/28/03

305-283-9088

Date

Daytime Phone #

CR2E034 (10/02)