

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V38402**

1. Entity Name  
U.C. PROPERTIES CORP.



Principal Place of Business  
2121 SW 3RD AVENUE  
8TH FLOOR  
MIAMI, FL 33129

Mailing Address  
2121 SW 3RD AVENUE  
8TH FLOOR  
MIAMI, FL 33129



**DO NOT WRITE IN THIS SPACE**

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0343394

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRANSAL CORPORATION  
2121 SW 3RD AVENUE  
8TH FLOOR  
MIAMI, FL 33129

**DO NOT WRITE  
IN THIS SPACE**

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  
04/26/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

04/26/05-80090-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	POMA, EDUARDO
STREET ADDRESS	2121 SW 3RD AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	DP
NAME	POMA, ERNESTO
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL
TITLE	DS
NAME	PITA, RODOLFO E
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Pita

04/19/05

(305) 285-2211

Date

Daytime Phone #