

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010923

Entity Name: WESTERN UNITED, INC.**Current Principal Place of Business:**3613 S.W. 14 STREET
SUITE 2
FT. LAUDERDALE, FL 33312**Current Mailing Address:**102 SAINT JOHNS CIRCLE STE. 100
CASSELBERRY, FL 32730 US**FEI Number:** 87-0755888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETITFRERE, FRANTZ
3613 S.W 14 STREET
SUITE 2
FT. LAUDERDALE, FL 33312 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	PETITFRERE, FRANTZ
Address	3613 S.W. 14 STREET, SUITE 2
City-State-Zip:	FT. LAUDERDALE FL 33312

Title	DV
Name	ST. CYR, RUTZA
Address	51 WEYMOUTH LANE
City-State-Zip:	PALM COAST FL 33164

Title	DV
Name	FENELON, MIKLER
Address	755 E. DAYTON CIRCLE
City-State-Zip:	FT. LAUDERDALE FL 33312

Title	DV
Name	JOSEPH, FRANK
Address	2230 DUNSFORD ROAD
City-State-Zip:	ORLANDO FL 32808

Title	DV
Name	NATHACHA, MORNEY
Address	4141 NW 26 STREET APT 219
City-State-Zip:	LAUDERHILL FL 33313

Title	DV
Name	DELAPORTAS, GRIGORIOS
Address	P.O. BOX 13489
City-State-Zip:	ST. PETERSBURG FL 33733

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANTZ PETITFRERE**PRESIDENT****03/11/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date