


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90012 017 \*\*\*150.00

**DOCUMENT # M52352**  
 1. Entity Name  
**UNO MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**701 BRICKELL AVENUE  
 SUITE 1550  
 MIAMI, FL 33131**

Mailing Address  
**701 BRICKELL AVENUE  
 SUITE 1550  
 MIAMI, FL 33131**

**14003033**



2. Principal Place of Business  
**1111 BRICKELL AVENUE**  
 Suite, Apt. #, etc.  
**SUITE 1300**

3. Mailing Address  
**P.O. BOX 45-0963**  
 Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL 33131**

City & State  
**MIAMI, FL 33245-0963**

4. FEI Number  
**59-2808846**

Applied For  
 Not Applicable

Zip Country Zip Country

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	
<b>KENNEY, JUDITH                      777 BRICKELL AVE STE 1070                      MIAMI, FL 33131</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPS	<input type="checkbox"/> Delete		TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUANT, ERNESTO			NAME	QUANT, ERNESTO		
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1550			STREET ADDRESS	1111 BRICKELL AVENUE, SUITE 1300		
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	DC	<input type="checkbox"/> Delete		TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMANN, ERNESTO F.			NAME	FERNANDEZ HOLMANN, ERNESTO		
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1550			STREET ADDRESS	1111 BRICKELL AVENUE, SUITE 1300		
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	V	<input type="checkbox"/> Delete		TITLE	VM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERCOVICH, LUIS A			NAME	PERCOVICH, LUIS A.		
STREET ADDRESS	701 BRICKELL AVE STE 1550			STREET ADDRESS	1111 BRICKELL AVENUE, SUITE 1300		
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEVILLA, MARCELA			NAME	SEVILLA, MARCELA		
STREET ADDRESS	701 BRICKELL AVE STE 1550			STREET ADDRESS	1111 BRICKELL AVENUE, SUITE 1300		
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	MIAMI, FL 33131		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	GALLEGOS, IVAN X.		
STREET ADDRESS				STREET ADDRESS	1111 BRICKELL AVENUE, SUITE 1300		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI, FL 33131		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  **LUIS A. PERCOVICH, VM** Date: **04/01/04** Daytime Phone #: **305-372-8270**