

DOCUMENT # M52352

1. Entity Name  
UNO MANAGEMENT SERVICES, INC.



**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1111 BRICKELL AVE, SUITE 1300  
MIAMI, FL 33131

Mailing Address  
1111 BRICKELL AVE, SUITE 1300  
MIAMI, FL 33131



04012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2808846

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEY, JUDITH  
777 BRICKELL AVE STE 1070  
MIAMI, FL 33131

**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

**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**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	QUANT, ERNESTO
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DC
NAME	HOLMANN, ERNESTO F.
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	PERCOVICH, LUIS A
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	SEVILLA, MARCELA
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	GALLEGOS, IVAN X
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000312635

04/18/05-80093-010 150.00

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

305-372-8270

Daytime Phone #