

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P0000112758

1. Entity Name
UNIFINA CORPORATION

Principal Place of Business 542 ST ANDREWS BLVD NAPLES FL 34113	Mailing Address 542 ST ANDREWS BLVD NAPLES FL 34113
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2. Principal Place of Business 3048 ORANGE STREET	3. Mailing Address 3048 ORANGE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33133	Country	Zip 33133	Country

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

6. Name and Address of Current Registered Agent

SCHENK MAXIMILIAN J
 346 KENDALL DR

 MARCO ISLAND FL
 34145 US

7. Name and Address of New Registered Agent

Name
 SCHENK MAXIMILIAN J
 Street Address (P.O. Box Number is Not Acceptable)
 3048 ORANGE STREET

 City
 MIAMI FL Zip Code
 33133

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.

SIGNATURE MAXIMILIAN J. SCHENK

04/27/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	DS	<input type="checkbox"/> Delete	
NAME	SCHENK MAXIMILIAN J		
STREET ADDRESS	346 KENDALL DR		
CITY-ST-ZIP	MARCO ISLAND FL 34145		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	ERB CHRISTIAN		
STREET ADDRESS	542 ST ANDREWS BLVD		
CITY-ST-ZIP	NAPLES FL 34113		
TITLE	DP	<input type="checkbox"/> Delete	
NAME	ERB ROLF		
STREET ADDRESS	542 ST ANDREWS BLVD		
CITY-ST-ZIP	NAPLES FL 34113		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHENK MAXIMILIAN J		
STREET ADDRESS	3048 ORANGE STREET		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERB CHRISTIAN		
STREET ADDRESS	3048 ORANGE STREET		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERB ROLF		
STREET ADDRESS	3048 ORANGE STREET		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maximilian J. Schenk

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04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)