

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 90723 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034902

1. Entity Name
UNI USA, INC.

Principal Place of Business
C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

Mailing Address
C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O DAVID J. HART, P.A.
Suite, Apt. #, etc.
21 SE 1 AVE 10th FLOOR

3. Mailing Address
C/O DAVID J. HART, P.A.
Suite, Apt. #, etc.
21 SE 1 AVE 10th FLOOR

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number Applied For
 Not Applicable

Zip Country
33131 USA

Zip Country
33131 USA

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

6. Name and Address of Current Registered Agent
HART, DAVID J
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name DAVID J. HART
Street Address (P.O. Box Number is Not Acceptable)
21 SE 1 AVE
10th FLOOR
City MIAMI FL Zip Code 33131

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 *David J. Hart* DAVID J. HART DATE 03-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D <input type="checkbox"/> Delete
NAME	SOENPIET, KARIN
STREET ADDRESS	1085 RIVER BIRCH STREET 3400 NE 192 St.
CITY-ST-ZIP	HOLLYWOOD FL 33019 Aventura, 33180
TITLE	D <input type="checkbox"/> Delete
NAME	BAUMGARTNER, MARCO
STREET ADDRESS	1085 RIVER BIRCH STREET
CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	D <input type="checkbox"/> Delete
NAME	SOENPIET, ROY
STREET ADDRESS	1085 RIVER BIRCH STREET 3400 NE 192 St
CITY-ST-ZIP	HOLLYWOOD FL 33019 Aventura, 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOENPIET, KARIN
STREET ADDRESS	3400 NE 192 St
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOENPIET, ROY
STREET ADDRESS	3400 NE 192 St
CITY-ST-ZIP	AVENTURA, FL 33180
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: *[Signature]* Date March 26, 2002 Daytime Phone # 3055779997

CR2E034 (9/01)