
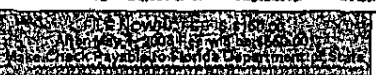
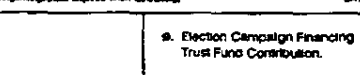
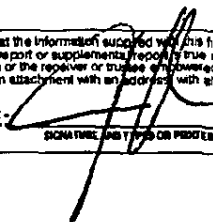
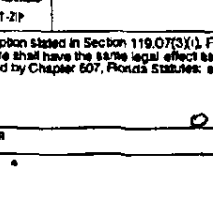


3/28/2003-90056-042-\$70.00-\$70.00

Amended UBR
02 APR 11 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064266					
1. Entity Name UNO GROUP HOLDINGS, INC.					
Principal Place of Business 7415 N.W. 19TH ST. BAY H MIAMI, FL 33126 US			Mailing Address 7415 N.W. 19TH ST. BAY H MIAMI, FL 33126 US		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0521832	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEMAN, STEPHEN A 620 BRICKELL KEY DR SUITE Q-306 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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		SIGNATURE		DATE	
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JR O		NAME	Garcia, Jr., Oscar	
STREET ADDRESS	7415 N.W. 19TH ST., BAY H		STREET ADDRESS	7415 NW. 19th Street, Bay H	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	DCT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILHENA, SERGIO		NAME	Vilhena, Sergio	
STREET ADDRESS	7415 N.W. 19TH ST., BAY H		STREET ADDRESS	7415 N.W. 19th Street, Bay H	
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		
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 supplements thereto 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		DATE	
				03-11-2003 (305)4708882	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CREG034 (10/02)