

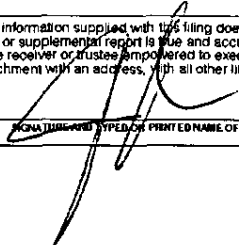


**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90315 001 \*\*\*476.25

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

55020401

|   |   |   |  |
|---|---|---|--|
| DOCUMENT # P96000098841   |   |                                    |  |
| 1. Entity Name<br>UNO MARKETING, INC.   |   |   |  |
| Principal Place of Business<br>7415 N.W. 19TH ST.<br>BAY H<br>MIAMI, FL 33126 US  |   | Mailing Address<br>7415 N.W. 19TH ST.<br>BAY H<br>MIAMI, FL 33126 US  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |
| City & State  |   | City & State  |  |
| Zip   | Country   | Zip   | Country  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   | 4. FEI Number <b>65-0718152</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>     |  |
| 5. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |  |
| FREEMAN, STEPHEN A<br>520 BRICKELL KEY DR, SUITE 0-305<br>MIAMI, FL 33131   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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   |   | DATE  |  |
| Signature, typed or printed name of registered agent and title if applicable.   |   | (NOTE: Registered Agent signature required when signing)  |  |
|    |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PDS<br>GARCIA, OSCAR JR<br>7415 N.W. 19TH ST., BAY H<br>MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPS<br>Garcia, Oscar<br>7415 N.W. 19th Street, Bay H<br>Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPT<br>VILHENA, SERGIO<br>7415 N.W. 19TH ST.<br>MIAMI, FL 33132 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DCT<br>Vilhena, Sergio<br>7415 N.W. 19th Street, Bay H<br>Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:   |   | Date: 03-11-2003 (305) 470-8882   |  |
| NON-TYPED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date  |  |

CFR2E034 (10/02)