

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 03, 2000 8:00 am
Secretary of State

05-05-2000 90031 047 ***150.00

DOCUMENT # P99000019531

1. Entity Name

UNITED AMERICAN INTERNATIONAL CORP.

Principal Place of Business

520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131-2610

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0992334

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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, 2000 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** Delete
 NAME: **SCHAECHTER, MARIO**
 STREET ADDRESS: **520 BRICKELL KEY DRIVE SUITE 0-305**
 CITY-ST-ZIP: **MIAMI FL 33131**

TITLE: **D** Delete
 NAME: **SCHAECHTER, DOROTHY**
 STREET ADDRESS: **520 BRICKELL KEY DRIVE SUITE 0-305**
 CITY-ST-ZIP: **MIAMI FL 33131**

TITLE: **D** Delete
 NAME: **SCHAECHTER, ROBERTO**
 STREET ADDRESS: **520 BRICKELL KEY DRIVE SUITE 0-305**
 CITY-ST-ZIP: **MIAMI FL 33131**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P/D** Change Addition
 NAME: **Gaysina, Nadezhda**
 STREET ADDRESS: **520 Brickell Key Drive, Suite 0-305**
 CITY-ST-ZIP: **Miami, FL 33131**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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)(f), 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:

Nadezhda Gaysina

Nadezhda Gaysina

4/28/2000 (305) 374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)