AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted] 05-28-2002 91745 044 ****61.25

FILED
306842

02 JUN -4 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 306842

1. Entity Name

UNICO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7607 SW 140 Ct	7607 SW 140 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33183 Country: USA	Zip: 33183 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 591145343 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert Peedin

Street Address (P.O. Box Number is Not Acceptable): 7607 SW 140 Ct.

City: Miami FL Zip Code: 33183

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: Robert Peedin [signature] May 14, 2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Robert Peedin	NAME	
STREET ADDRESS	7607 SW 140 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33183	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Robert Peedin	NAME	
STREET ADDRESS	7607 SW 140 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33183	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Peedin [signature] May 14, 2002 305-385-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT