


2005 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # 383126		
1. Entity Name UNICORP DATA PROCESSING, INC.		

FILED

2005 OCT 24 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 8900 S.W. 117TH AVENUE C-105 MIAMI, FL 33186 US	Mailing Address 8900 S.W. 117TH AVENUE C-105 MIAMI, FL 33186 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10132005 REIN-P CR2E098 (6/04)

4. FEI Number 59-1349355	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MONTIEL, HUGO 11395 S.W. 95TH STREET MIAMI, FL 33176		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MONTIEL, HUGO 11341 SW 152 CT MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MONTIEL, HECTOR 10201 SW 122 ST MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060897509 10/24/05--01053--006 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hugo Montiel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

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PARK PLAZA AT KENDALL • 8900 S.W. 117th AVENUE, SUITE C-105 • MIAMI, FL 33186
TEL: (305) 275-0005 • FAX: (305) 274-1004

October 18, 2005

Florida Dept. of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2005 For Profit Corporation
Document # 383126
FEI Number: 59-1349355

At the beginning of the year 2005 our company Unicorp Data Processing did not receive the 2005 For Profit Corporation annual report form. Today October 18, 2005 we received the reinstatement form with a fee of \$750.00 we are requesting to please waive such amount for the regular annual fee of \$150.00. Thank you for your cooperation to this matter.

A handwritten signature in cursive script, appearing to read "Denivelise Zayas", written over a horizontal line.

Denivelise Zayas
Office Manager
Unicorp Data Processing Inc.

A handwritten signature in cursive script, appearing to read "Hugo Montiel", written over a horizontal line.

Hugo Montiel
President
Unicorp Data Processing Inc.
