

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90112 016 ***150.00

DOCUMENT # 348799	
1. Entity Name Unipep, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2395 NW 120th Ln Suite, Apt. #, etc.	3. Mailing Address 2395 NW 120th Ln Suite, Apt. #, etc.
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33065	Zip 33065
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Tom Grant Sr. Street Address (P.O. Box Number is Not Acceptable) 2395 NW 120th Ln City Coral Springs FL Zip Code 33065	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas E Grant, Sr. 2395 NW 120th Ln Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ave M Grant 2395 NW 120th Ln Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas E Grant Sr.* **Thomas E. GRANT Sr.** 4/10/03 957-344-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)