

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90003 015 \*\*\*150.00

**DOCUMENT # F31273**

1. Entity Name  
**UNLECT, INC.**

Principal Place of Business

Mailing Address

~~955 NE 40TH ST~~  
~~C/O RALPH ESCUDERO~~  
~~FT LAUDERDALE FL 33334~~

~~955 NE 40TH ST~~  
~~C/O RALPH ESCUDERO~~  
~~FT LAUDERDALE FL 33334-3015~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2274469**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESCUDERO, RALPH**  
~~955 NE 40TH ST~~  
~~FT LAUDERDALE FL 33334~~

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2781 N.E 7TH ST.**  
 City **POMPANO BEACH** FL Zip Code **33062**

NEW ADD ONLY

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME            | STREET ADDRESS | CITY-ST-ZIP            |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|-----------------|----------------|------------------------|---------------------------------|-------|------|----------------|-------------|---|
| PD    | ESCUDERO, RALPH | 955 NE 40TH ST | FT LAUDERDALE FL 33334 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                 |                |                        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                 |                |                        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                 |                |                        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                 |                |                        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                 |                |                        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                 |                |                        | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date **1/24/00** Daytime Phone # **954-9792**

CR2E034 (9/99)