

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90032 047 \*\*\*150.00

**DOCUMENT # F39084**

1. Entity Name

**UNLIMITED INVESTMENTS OF AMERICA, INC.**

Principal Place of Business

**12 SW 2ND AVENUE  
 MIAMI FL 33130  
 US**

Mailing Address

**P O BOX 140422  
 CORAL GABLES FL 33114-7422**

2. Principal Place of Business

**2742 S.W. 8th Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 21**

City & State

**Miami**

City & State

Zip

Zip

**33135**

Country

**USA**

Country

**USA**

6. Name and Address of Current Registered Agent

**BROWN, GEORGE EARL  
 14 S.W. 2ND AVENUE  
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

**Miriam CARDET**

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

**2742 S.W. 8th Street, Suite 21**

City

**Miami**

**FL**

Zip Code

**33135**

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

**Miriam Cardet - Miriam Cardet RD.**

**4/6/02**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	CARDET, MIRIAM	
STREET ADDRESS	12 SW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miriam CARDET	
STREET ADDRESS	2742 S.W. 8th Street, Suite 21	
CITY-ST-ZIP	Miami, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

**Miriam Cardet, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/02**

Date

**305-444-7312**

Daytime Phone #

CR2E034 (9/01)