

2002 UNIFORM BUSINESS REPORT (UBR)

0130724 AT

DOCUMENT # F46939

1. Entity Name
UNIDAD, INC.

FILED

02 DEC 13 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FL 32399



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1213 LEE STREET
IMMOKALEE FL 34142

Mailing Address
1213 LEE STREET
IMMOKALEE FL 34142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2180090

Applied For
Not Applicable

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

GARCIA, MARY ANN
1213 LEE STREET
IMMOKALEE FL 34142

Name

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

500009494255

12/12/02--01116--005 **750.00

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 *Mary Ann Garcia*
Signature, typed or printed name of registered agent and title if applicable

Mary Ann Garcia

(NOTE: Registered Agent signature required when reinstating)

11-26-2002
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 P ☐ Delete
NAME GARCIA, MARY ANN
STREET ADDRESS 1213 LEE STREET
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME AYALA, NORA
STREET ADDRESS 207 WASHINGTON AVE.
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME GARCIA, JUAN M
STREET ADDRESS RT. 1 TRAFFORD FARMS, LOT 20B
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mary Ann Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-26-2002

657-6399

CR2E034 (4/02)