

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**  
04-25-2003 90242 035 \*\*\*150.00

0219930 AV

**DOCUMENT # F99000006224**

1. Entity Name  
**UOL-E CORP.**



Principal Place of Business  
**800 BRICKELL AVE., SUITE 1109  
MIAMI FL 33131**

Mailing Address  
**800 BRICKELL AVE., SUITE 1109  
MIAMI FL 33131**

**11017066**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2207244**

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

**OPPENHEIM, STEVEN P. ESQ.  
FIRST UNION BANK BUILDING  
800 BRICKELL AVE STE 1109  
MIAMI FL 33131**

Name **STEVEN OPPENHEIM**  
Street Address (P.O. Box Number is Not Acceptable)  
**WACHOVIA BANK BUILDING  
800 BRICKELL AVE, STE. 707**  
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 *Steven Oppenheim* **STEVEN OPPENHEIM** **4/2/03**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **DE SIQUEIRA VIEIRO, CLAUD ANTONIO P**  
STREET ADDRESS **AL BARAO DE LIMEIRA, 425**  
CITY-ST-ZIP **SAO PAULO SP BRAZIL**

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

TITLE **S** ☒ Delete  
NAME **CASTRO, JULIO**  
STREET ADDRESS **800 BRICKELL AVE., SUITE 1109**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **AS** ☐ Delete  
NAME **OPPENHEIM, STEVEN P**  
STREET ADDRESS **800 BRICKELL AVE., SUITE 1115**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **800 BRICKELL AVE, SUITE 707**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Steven P. Oppenheim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/5/03** Daytime Phone # **305-3718555**

CR2E034 (10/02)