

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13838

1. Entity Name

UNWORLD INTERNATIONAL SALES CORPORATION

Principal Place of Business

745 ALLENDALE ROAD  
KEY BISCAYNE FL 33149

Mailing Address

745 ALLENDALE ROAD  
KEY BISCAYNE FL 33149

2. Principal Place of Business

745 ALLENDALE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME as above

Suite, Apt. #, etc.

City & State

Key BISCAYNE FL.

City & State

SAME

Zip

Country

33149

Zip

Country

SAME

SAME

4. FEI Number

59-2334907

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

LOPEZ, ORLIDA  
745 ALLENDALE RD  
K BISCAYNE FL 33149

Name

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

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.

SIGNATURE

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, 2001 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	PD LOPEZ, ORLIDA 745 ALLENDALE RD. K. BISCAYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

*Orlida Lopez* ORLIDA LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2001

Date

305 361 0036

Daytime Phone #

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90152 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)