

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90084 004 ***158.75

DOCUMENT # H84100

1. Entity Name

UNISON SERVICES INCORPORATED

Principal Place of Business

5901 NW 151 STREET
 SUITE 201
 MIAMI LAKES FL 33014
 US

Mailing Address

P.O. BOX 552589
 MIAMI FL 33055-5589

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2587317

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEOPOLDINA I CAMACHO
18882 NW 77TH CT
MIAMI FL 33015

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, 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

OPD
LEOPOLDINA I CAMACHO
18882 NW 77 CT
MIAMI FL 33015

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
BENAVIDES, JAHIEL
6861 W 2ND CT
HIALEAH FL 33014

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST
GADDY NAVARRO
7011 W 29TH AVE #219
HIALEAH FL 33016

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
ROBERTO QUINONES
18853 N.W. 77th Court
Miami, Florida 33015

☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
SAHYLI LEON
8851 N.W. 119 Street
Hialeah Gardens, Florida 33018

☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S
JEHIEL BANAVIDES
6861 W. 2nd Court
Hialeah, Florida 33014

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

Leopoldina Camacho
LEOPOLDINA CAMACHO

3-13-00

Date

305-829-0000

Daytime Phone #

CR2E034 (9/99)