

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**  
03-24-2002 90051 014 \*\*\*158.75

0169675 AV

**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**

2. Principal Place of Business

**6187 N.W. 167 Street**

3. Mailing Address

Suite, Apt. #, etc.

**# H-28**

Suite, Apt. #, etc.

City &amp; State

**Miami, Florida**

City &amp; State

4. FEI Number

**59-2587317**

Applied For

Not Applicable

Zip

**33015**

Country

**Miami dade**

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEOPOLDINA I CAMACHO  
18882 NW 77TH CT  
MIAMI FL 33015**

7. Name and Address of New Registered Agent

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, 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	OPD	<input type="checkbox"/> Delete
NAME	LEOPOLDINA I CAMACHO	
STREET ADDRESS	18882 NW 77 CT	
CITY - ST - ZIP	MIAMI FL 33015	

TITLE	V	<input type="checkbox"/> Delete
NAME	QUINONES, ROBERTO	
STREET ADDRESS	18853 NW 77TH COURT	
CITY - ST - ZIP	MIAMI FL 33015	

TITLE	TS	<input type="checkbox"/> Delete
NAME	LEON, SAHYLI	
STREET ADDRESS	8851 NW 119 STREET	
CITY - ST - ZIP	HIALEAH FL 33018	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BANAVIDES, JEHIEL	
STREET ADDRESS	6861 W 2ND COURT	
CITY - ST - ZIP	HIALEAH FL 33014	

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		<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	Secretary/Treasurer	<input checked="" 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02 (305) 829-0000

Date

Daytime Phone #

CR2E034 (9/01)