

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L34425**
 1. Entity Name
MODERN UNISEL CORP.

FILED

00 MAR -3 PM 1:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2478 W 60 ST **2478 W 60 ST**
HiALEAH, FL 33016 **HiALEAH, FL**
33016

2. Principal Place of Business 3. Mailing Address
2478 W 60 ST **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
HiALEAH, FL **HiALEAH, FL** **05-0885124** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
33016 **DAOE**

6. Name and Address of Current Registered Agent

EMMA SANTAMANIA
9901 NW 130 ST
H. GARDENS FL 33018

7. Name and Address of New Registered Agent

Name **PEDRO PINAR**
 Street Address (P.O. Box Number is Not Acceptable)
2478 W 60 ST
H.
 City **HiALEAH** **FL** Zip Code **33016**

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 **Emma Santamania** **Pedro Pinar** **02-15-00**
 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. ☐ \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	EMMA SANTAMANIA <input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	2478 W 60 ST
CITY-ST-ZIP	HiALEAH, FL 33016
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE P	PEDRO PINAR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	2478 W 60 ST
CITY-ST-ZIP	HiALEAH FL 33016
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: **Emma Santamania** **Pedro Pinar** **02-15-00** **(305) 89-2121**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)