

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUL 11 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001418

1. Entity Name
UNIFINANCE LC

Principal Place of Business
1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801

Mailing Address
1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801-2598

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

4. FEI Number

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD., #211
PALM BEACH GARDENS FL 33418

Name
Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)

1333 N. Duval St
City Tallahassee FL Zip Code 32303

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

P. D. Hodge, President 7/10/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MBR
EURO-AMX EXCHANGE, INC.
CUBA AVE. & 34TH ST., SUITE 302 BLDG 34/20
PANAMA CITY 5, PANAMA

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MBR
SATURN INVESTMENT GROUP, S.A.
CUBA AVE. & 34TH ST., SUITE 302 BLDG 34/20
PANAMA CITY 5, PANAMA

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
300004467773--7
-07/10/01--01070--003
****850.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

11. 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 is true and accurate and my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PEDRO ALVAREZ GARCIA

01-08-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

001272 AF

CR2E083 (9/99)