2001 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2001 8:00 am Secretary of State DOCUMENT # M35099 1. Entity Name UNICORN EDUCATIONAL & PROMOTIONS ENTERPRISES COR. 07-18-2001 90011 041 ***150.00 Principal Place of Business Mailing Address 6915 S.W. 92 Ct 6915 S.W. 92 Ct. Miami F1. 33173 Miami F1. 33173 00058810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2694291 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Borges, Carola Y. Street Address (P.O. Box Number is Not Acceptable) 6915 S.W. 92 Ct. Miami F1, 33173 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE ☐ Change ☐ Addition DP NAME BORGES, CAROLA YARA STREET ADDRESS STREET ADDRESS 6915 S.W. 92 Ct. CITY-ST-ZIP CITY-ST-ZIP Miami F1. 33173 ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME DEBORGES, NORMA STREET ADDRESS STREET ADDRESS 6915 S.W. 92 Ct. Miami F1. 33173 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 recovery sustee empowered to exemple this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

FILED

1. Entity Name	ENT # M3509 9			1 Stachment	
UNICORN I	EDUCATIONAL & PROMO	Tions enterprises (COR	Attachment #1135099 D0058810	
Principal Place of	f Business	Mailing Address		T0068810	
% Carola yara i 8915 S.W. 92ND C1 Miami FL 33173	BORGES	% CAROLA YARA BORGES 8915 S.W. 92ND CT. MIAMI FL 33173		000 30 810	
2. Principal Place	e of Business	3. Mailing Address			
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.	·	DO NOT WRITE IN THIS SPACE	
City & State		City & State	····	4. FEI Number 59-2694291 Applied Not App	
● Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
BORGES, CAROLA YARA 6915 S.W. 92ND CT. MIAMI FL 33173		Street Add		ss (P.O. Box Number is Not Acceptable)	
SIGNATURE	•			FL Zip Code stered agent, or both, in the State of Florida.	
SIGNATURE Sign 9. This corporation	nature, typed or printed name of registered agent ion is eligible to satisfy its Intangible uirement and elects to do so.	and life if applicable (NOTE: FILE NOW III After MAY 1,200	Registered office or regis Registered Apent signature requ I FEE IS \$150.00 I Fee Will be \$550.00	stered agent, or both, in the State of Florida. DATE 10. Election Campaign Financing \$5.00 Mar. Trust Find Contribution Added to Fo.	
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13. I hereby certify that the information supplied with this filting 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 expowered.

SIGNATURE:

4-14/01 305-598-2333