

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90014 015 \*\*\*\*61.25

**DOCUMENT # N00000004106**

1. Entity Name

**UNDERLAND PRIVAT INC.**

Principal Place of Business: **3835 N.W. 32ND AVENUE, #E MIAMI FL 33142**  
 Mailing Address: **3835 N.W. 32ND AVENUE, #E MIAMI FL 33142**

2. Principal Place of Business: **SAME**  
 3. Mailing Address: **SAME**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **05-1018778 09180042**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **NO** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **CRESPO, VERONICA 3835 N.W. 32ND AVENUE, #E MIAMI FL 33142**  
 7. Name and Address of New Registered Agent: **SAME**

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]* DATE: **7/01**

9. Election Campaign Financing Trust Fund Contribution:  **NO** \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b> NAME: <b>CRESPO, MONSERRAT</b> STREET ADDRESS: <b>3835 N.W. 32ND AVENUE, #E</b> CITY-ST-ZIP: <b>MIAMI FL 33142</b>	<input type="checkbox"/> Delete	TITLE: <b>D/T/S</b> NAME: <b>CONNIE G. CRESPO</b> STREET ADDRESS: <b>3835 NW 32 AVE</b> CITY-ST-ZIP: <b>MIAMI FL 33142</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>CRESPO, VERONICA</b> STREET ADDRESS: <b>3835 N.W. 32ND AVENUE, #E</b> CITY-ST-ZIP: <b>MIAMI FL 33142</b>	<input type="checkbox"/> Delete	TITLE: <b>D/V</b> NAME: <b>MONSERRAT M. CRESPO</b> STREET ADDRESS: <b>3835 NW 32 AVE</b> CITY-ST-ZIP: <b>MIAMI FL 33142</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>GUERRA, WILFREDO</b> STREET ADDRESS: <b>3835 N.W. 32ND AVENUE, #E</b> CITY-ST-ZIP: <b>MIAMI FL 33142</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>D/P</b> NAME: <b>CRESPO, VERONICA</b> STREET ADDRESS: <b>3835 NW 32 AVE</b> CITY-ST-ZIP: <b>MIAMI FL 33142</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>TEXEIRA, MEREDITH</b> STREET ADDRESS: <b>3835 N.W. 32ND AVENUE, #E</b> CITY-ST-ZIP: <b>MIAMI FL 33142</b>	<input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* VERONICA A. CRESPO 305 322 8578

CR2E037 (5/01)