

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90117 045 \*\*\*150.00

**DOCUMENT # P00000060656**

1. Entity Name  
**UNLIMITED 1 INC.**

Principal Place of Business      Mailing Address

1324 EUCLID AVENUE      1324 EUCLID AVENUE  
 STE. 7      STE. 7  
 MIAMI BEACH FL 33139      MIAMI BEACH FL 33139



2. Principal Place of Business      3. Mailing Address

3300 Biscayne Blvd.      3300 Biscayne Blvd.

Suite/Apt. #, etc. 1      Suite/Apt. #, etc. 1

DO NOT WRITE IN THIS SPACE

City & State      City & State

Miami FL      Miami FL

Zip      Country      Zip      Country

33137           33137          

4. FEI Number      Applied For

65-1019296      Not Applicable

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

6. Name and Address of Current Registered Agent

**SANFORD, KENNETH F**  
 1611 MICHIGAN AVENUE #9  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name      **Sanford, Kenneth F**

Street Address (P.O. Box Number is Not Acceptable)      **3300 Biscayne Blvd. Apt. F1**

City      **MIAMI, FL**      Zip Code      **33137**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	<b>SANFORD, KENNETH F</b>	
STREET ADDRESS	<b>1611 MICHIGAN AVENUE #9</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD, KENNETH F</b>	
STREET ADDRESS	<b>3300 BISCAYNE BLVD. # F1</b>	
CITY-ST-ZIP	<b>Miami, FL 33137</b>	
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: *Kenneth F Sanford*      Date: 8/26/02      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

*Attachment*

Accounting Office

*# P00000060656 / 677556*

**KIM MARKS, C.P.A., P.A.**  
CERTIFIED PUBLIC ACCOUNTANT  
11900 Biscayne Boulevard - Suite 290  
North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815  
Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815  
Fax: (305) 895-6273

August 26, 2002

Department of Corporations  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee FL 32302-1500

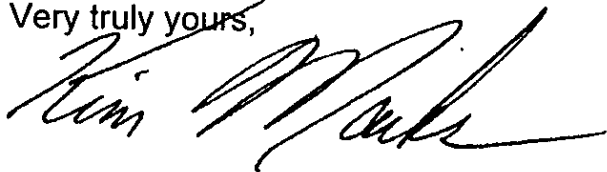
re: UNLIMITED 1 INC.  
EIN # 65-1019296  
DOC# P00000060656

Enclosed please find an application for Uniform Business Report along with a check for \$150.00 on the above referenced corporation.

The corporation changed their mailing address and registered agent's address last year. However, the changes were never made and First Notice was never received by the corporation. The Second Notice came to right address but on the Report itself all the addresses remained old. We are making all the necessary changes again and are requesting an abatement of the penalty. This is a small business and the penalty would be very hard for them to pay.

Thanking you in advance for your kind and prompt attention in this matter, I remain.

Very truly yours,



Kim Marks, CPA