2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee emoow changed, or on an attachment with an address, wi

SIGNATURE:

May 23, 2002 8:00 am Secretary of State P00000075981 DOCUMENT # 1. Entity Name UNITY INTERNATIONAL TRADING CORP. 05-23-2002 90110 006 ***150.00 Principal Place of Business Mailing Address 4827 NW. 72 AVE. 4827 NW. 72 AVE. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 4825 NW 72 4825 NW AVE . AVE . Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1030589 MIAMI MAHI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required JSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACINTER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 15279 NW. 7TH STREET PEMBROKE PINES FL 33028 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 9 D ☐ Addition Change TITLE ☐ Delete TITLE BUIT RAGO BUITRAGO, NAME NAME 4825 NW 72 AVE 4827 NW. 72 AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33166 Change ☐ Addition TITLE ☐ Delete TITLE VΡ IGLESIAS, JORGE NAME NAME IGLESIAS JURGE 4827 NW. 72 AVE. STREET ADDRESS STREET ADDRESS 4825 NW 72 AVE MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP f hereby certify that the information supplied with indicated on this report or supplemental report is fryfor the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

and that my signature shall have the same legal effect as if made under oath; that I am an officer or director by this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

APRIL 30/02

FILED