2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000084754

Mar 01, 2001 8:00 am **Secretary of State** UNIWORLD INSURANCE INC. 03-01-2001 91320 010 ***150.00 Principal Place of Business Mailing Address 10826 PINES BLVD 10826 PINES BLVD PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-103825 Not Applicable Zip Country Zip 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 MALLOL, ILEANA Street Address (P.O. Box Number is Not Acceptable) 10826 PINES BLVD PEMBROKE PINES FL 33026 City 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Delete CR2E034 (10/00) Change Addition NAME MALLOL, ILEANA NAME STREET ADDRESS 10826 PINES BLVD STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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 of 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 a larger like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

Delete

..... Delete

___ Delete

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

Change

☐ Addition

Addition

Addition

FILED