FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State P00000094617 DOCUMENT # 1. Entity Name UNIQUE SERVICES AVAILABLE, INC. (U.S.A.) 04-24-2002 90292 032 ***150.00 Principal Place of Business Mailing Address 9702 SW 37 TERR 9702 SW 37 TERR MIAMI FL 33165 **MIAMI FL 33165** 3. Mailing Address Village Green Jr. 2. Principal Place of Business 3155 VILLAGE GREW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ให้mu-Mily & State Applied For 4. FEI Number 65-1046065 Not Applicable 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 Nam Nacino Umar MARINO, OMAR A O Box Number is Not Acceptable) 5425 NW 72ND AENUE **MIAMI FL 33166** statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subm (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri e of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)TITLE 🗷 Delete TITLE Marino Omar A. MARINO, OMAR A NAME NAME 3155 Village Green Dr. **CR2E034** 5425 NW 72ND AENUE STREET ADDRESS STREET ADDRESS Mamul FL 33175 MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete Change TITLE? =-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME 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 supplied that export 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 v

Date

Daytime Phone #