

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90244 008 ***150.00

1105335 AV

DOCUMENT # P00000113356

1. Entity Name
UC INTERNATIONAL CORP.

Principal Place of Business
7802 KINGSPONTE PKWY STE 207 A
ORLANDO FL 32819

Mailing Address
7802 KINGSPONTE PKWY STE 207 A
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7802 KINGSPONTE PKWY
 Suite, Apt. #, etc.
105
 City & State
ORLANDO FL
 Zip
32819 Country
ORANGE

3. Mailing Address
7802 KINGSPONTE PKWY
 Suite, Apt. #, etc.
105
 City & State
ORLANDO FL
 Zip
32819 Country
ORANGE

4. FEI Number **59-3686214** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUARTE, NORBERTO
405 CAMELLIA ST
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name
LOPES, CLAUBER
 Street Address (P.O. Box Number is Not Acceptable)
2167 LAKE DEBRA DR. 731
 City **ORLANDO** FL Zip Code **32835**

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 **LOPES, CLAUBER** **04/22/02**
 (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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☒ Delete
 NAME **FERREIRA, ANA FATIMA**
 STREET ADDRESS **615 OCEAN DRIVE APT. 11-A**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **S** ☒ Delete
 NAME **DUARTE, NORBERTO**
 STREET ADDRESS **272 CELEBRATION BLVD.**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **FERREIRA, NELCY**
 STREET ADDRESS **615 OCEAN DRIVE 11-A**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **S** ☐ Change ☒ Addition
 NAME **LOPES, CLAUBER**
 STREET ADDRESS **2167 LAKE DEBRA DR. 731**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **DUARTE, NORBERTO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 **407-345-8650**
 Date Daytime Phone #

CR2E034 (9/01)