

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90954 006 ***150.00

DOCUMENT # P00000113356

1. Entity Name
UC INTERNATIONAL CORP.



Principal Place of Business
**7802 KINGSPORTE PKWY
SUITE 105
ORLANDO FL 32819**

Mailing Address
**7802 KINGSPORTE PKWY
SUITE 105
ORLANDO FL 32819**

2. Principal Place of Business
7802 KINGSPORTE PKWY

3. Mailing Address
702 BOX 690159

Suite, Apt. #, etc.
208-A

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32189

Country
USA

Zip
32869

Country
USA

4. FEI Number
59-3686214

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOPEZ, CLAUBER
2167 LAKE DEBRA DRIVE
SUITE 731
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name
LOPEZ, CLAUBER

Street Address (P.O. Box Number is Not Acceptable)

5512 Spring Run Ave

City
ORLANDO

FL

Zip Code
32819

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**FERREIRA, NELCY
615 OCEAN DRIVE #17-A
KEY BISCAYNE FL 33149**

TITLE **S** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**LOPEZ, CLAUBER
2167 LAKE DEBRA DRIVE - SUITE 731
ORLANDO FL 32835**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**5512 Spring Run Ave
ORLANDO FL 32819**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/03

CR2E034 (10/02)