

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90204 012 ***158.75

DOCUMENT # P01000012994

1. Entity Name
UNICORP USA CORPORATION



Principal Place of Business
8815 CONROY-WINDERMERE RD #170
ORLANDO FL 32835

Mailing Address
8815 CONROY-WINDERMERE RD #170
ORLANDO FL 32835

2. Principal Place of Business
4700 Millenia Blvd

3. Mailing Address
8815 Conroy-Windermere Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando

4. FEI Number **59-3697820**

Applied For
Not Applicable

Zip **32839** **Country** **Orange**

Zip **32835** **Country** **Orange**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYDALEK, ELIZABETH
8815 CONROY-WINDERMERE RD #170
ORLANDO FL 32835

Name

8815 Conroy-Windermere Rd

City **Orlando**

FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **(NOTE: Registered Agent signature required when reinstating)**

DATE

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Delete
NAME **FERNANDES, MANOEL**
STREET ADDRESS **8815 CONROY-WINDERMERE RD #170**
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE **DCFO** ☐ Delete
NAME **BYDALEK, ELIZABETH**
STREET ADDRESS **8815 CONROY-WINDERMERE RD #170**
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE **VP** ☐ Delete
NAME **Fernandes, Roberto**
STREET ADDRESS **9100 Dollinger Ct**
CITY-ST-ZIP **Orlando, FL 32819**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 **4/21/03** **Daytime Phone #** **407 2103892**

CR2E034 (10/02)