P01000029713

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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R.A. Charge 12-16-2002

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ons
SUBJECT: UNYTAILOR	ORP.
**************************************	(Name of Corporation)
DOCUMENT NUMBER:_	P01000029713
The enclosed Officer/Director	r Resignation for a Corporation and fee are submitted for filing
Please return all corresponder	ace concerning this matter to the following:
BEATRICE SALOM	
(Name	of Person)
UNYTAILOR CORP.	
(Name of F	irm/Company)
957 SW. 87 AVE.	
(Ad	dress)
MIAMI, FL 33174	
(City/State	and Zip Code)
For further information conce	ming this matter, please call:
BEATRICE SALOM	at (786) 242 0810
(Name of Perso	at (786) 242 0810 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	0 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of FLORIDA	change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State
of Florida.	
1. The name of t	he corporation: UNYTAILOR, CORP.
2. The principal	office address: 957 S.W. 87 AVE. MIAMI, FL 33174
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: MARCH 22, 2001 Document number: P01000029713
	street address of the current registered agent and registered office on file with the tment of State: FABIOLA GOMEZ
_	FABIOLA GOMEZ
	957 S.W. 87 AVE.
-	MIAMI, FL. 33174
6. The name and changed):	d street address of the new registered agent (if changed) and /or registered office (if
-	BEATRICE SALOM
	957 S.W. 87 AVE.
_	(P.O. Box or personal mailbox NOT acceptable)
, -	MIAMI, FL.33174
The street addre agent, as change	ss of its registered office and the street address of the business office of its registered d will be identical.
Such change wa anthorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signature of an orgetty	VICE PRESIDENT Chairman or vice chairman of the board) (Printed or typed name and title)
I further agree t performance of resistered agent office address, I	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as . Or, if this document is being filed merely to reflect a change in the registered yeraby confirm that the corporation has been notified in writing of this change.
73	DECEMBER 2, 2002
	gnature of Regulatored Agent) (Date)
If signing on behalf	C I
DEAT DIE	pped or Printed Name) (Capacity)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

DIVISION OF CORPORA