

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063077

1. Entity Name
UNIWORLD, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-08-2002 90096 003 ***158.75

Principal Place of Business Mailing Address
2103 CORAL WAY STE 201 2103 CORAL WAY STE 201
MIAMI FL 33145 MIAMI FL 33145

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-1125050 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ACCORDINO, CARMEN A
2103 CORAL WAY STE 201
MIAMI FL 33145

7. Name and Address of New Registered Agent
Name ARTHUR RAZON
Street Address (P.O. Box Number is Not Acceptable) 2501 E. COMMAGUE BLVD
City FT LAUDERDALE FL Zip Code 33309

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 *Arthur Razon* DATE 6/10/02
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTO	☐ Delete	TITLE	PTO	☐ Change ☒ Addition
NAME			NAME	FERNANDEZ CHINEA, JESUS	
STREET ADDRESS			STREET ADDRESS	2103 SW 24 ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ Delete	TITLE	VPSO	☐ Change ☒ Addition
NAME			NAME	VALENTIN SEGONIA, ANGEL RAMON	
STREET ADDRESS			STREET ADDRESS	2103 SW 24 ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *José Fernando Chinea*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305-PSF-3200
Date Daytime Phone #

CR2E004 (9/01)