

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-07-2003 90112 021 ***150.00

DOCUMENT # **P02000013000**

1. Entity Name

UNICAF, CORP



Principal Place of Business

Mailing Address

16566 S.W. 76 ST
MIAMI, FL 33193

2. Principal Place of Business

3. Mailing Address

7105 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

City & State

City & State

MIAMI FL

Zip

Country

Zip

33144

Country

4. FEI Number

80-0033937

Applied For

Not Applied

☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARON ADOLFO L.
16566 S.W. 76 ST #
MIAMI, FL 33193

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May
Added to Fee

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD VARON ADOLFO L.
16566 S.W. 76 ST
MIAMI, FL 33193

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALDANA CARLOS E.
16566 S.W. 76 ST
MIAMI, FL 33193

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Add

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NAME

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CITY-ST-ZIP

☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 (305) 226-3443

Date

Daytime Phone #