

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90132 028 \*\*\*150.00

**DOCUMENT # P02000017389**

1. Entity Name  
**UNO. A INC.**



Principal Place of Business

Mailing Address

**2011 RIVER REACH DR. Naples FL 34104  
APT 263**

2. Principal Place of Business

3. Mailing Address

**2011 RIVER REACH DRIVE 2011 RIVER REACH DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**263**

**263**

City & State

**NAPLES FL**

City & State

**NAPLES FL**

Zip

**34104**

Country

**USA**

Zip

**34104**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**05-0549136**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, JAIME**

**River Reach Dr Naples FL  
APT 263 34104**

Name

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

City

**FL**

Zip Code

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

*Jaime Martinez*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/17/03**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, JAIME</b>	
STREET ADDRESS	<b>182 PLANTATION BLVD</b>	
CITY-ST-ZIP	<b>ISLA MORADA FL 33036</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOMEZ, CARMEN</b>	
STREET ADDRESS	<b>182 PLANTATION BLVD</b>	
CITY-ST-ZIP	<b>ISLA MORADA FL 33036</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, CATALINA</b>	
STREET ADDRESS	<b>182 PLANTATION BLVD</b>	
CITY-ST-ZIP	<b>ISLA MORADA FL 33036</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jaime Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/17/03**

Daytime Phone #

CR2E034 (10/02)