FILED
Jun 30, 2003 8:00 am
Secretary of State

05-12-2003 90209 003 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000023493

1. Entity Name

UNITRADE GROUP CORPORATION

DO NOT WRITE IN THIS SPACE

55056218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4740 OLIVE BRANCH RD	4740 OLIVE BRANCH RD
Suite, Apt. #, etc.: #1313	Suite, Apt. #, etc.: #1313
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32811 Country: USA	Zip: 32811 Country: USA

4. FEI Number: 03-0394168 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANZ PINZON

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

4740 OLIVE BRANCH RD

City: ORLANDO FL Zip Code: 32811

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 _____ DATE

(Signature, Typed or Printed name of Registered Agent and title if applicable.) (NOTE: Registered Agent signature required when mandatory.)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00.
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD - PINZON, FRANZ 4740 OLIVE BRANCH RD ORLANDO, FL 32811	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD - RUIZ, SANDRA 4740 OLIVE BRANCH RD ORLANDO, FL 32811	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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

SIGNATURE: Franz Pinzon 04/30/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Check if Filing a