

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

5/1

05-12-2003 90209 003 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P02000023423</u>	
1. Entity Name UNITRADE GROUP CORPORATION	

DO NOT WRITE IN THIS SPACE

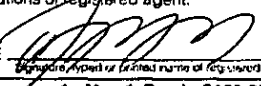
55056218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4740 OLIVE BRANCH RD		3. Mailing Address 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	

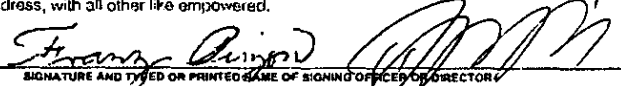
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name FRANZ PINZON	
	Street Address (P.O. Box Number is Not Acceptable) 4740 OLIVE BRANCH RD	
	City ORLANDO	FL Zip Code 32811

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
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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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:  04/30/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)