FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000043344

May 05, 2003 8:00 am Secretary of State

1. Entity Name UNITEST ENGINEERING INC.						05-05-2003 91833 025 ****150.00											
DO NOT WRITE IN THIS SE 2. Principal Place of Business 3. Mailing Address					90130225												
		ness 1st Place	3. Mailing Address 11595 NW 71st Place														
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE											
City & State			City & State Parkland, FL 33076			4. FEI Number		Applied For									
Parkland, FL Zip Country			 			02~0587198 Not Applicable 5 Certificate of Status Desired \$8.75 Additional											
^{Zp} 3076	33076		33076		Fee Required												
				-	7. Name and Address of Current Registered Agent Name												
DO NOT WRITE IN THIS SPACE					Andrzej Foerster Street Address (P.O. Box Number is Not Acceptable) 11595 NW 71st Pl.												
														City Parkland FL Zip Code 2207(a			Zip Code 33076
									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 Signature Appel or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25						Election Campaig Trust Fund Contri	·	\$5.00 May Be Added to Fees									
Make Check 10.	Payable to	Florida Department of OFFICERS AND D	Complete Com	Mar to mile	e Maria Johan Maria (1986)												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrzej Foerster 11595 NW 71st Pl Parkland, FL 33076			TITLE NAME STREE CITY-S	I ADDRESS ST- ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Katarzyna Foerster 11595 NW 71st Pl. Parkland. FL 33076				ADDRESS ST - ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET	AODRESS	···· DO NO	T WRIT										
NAME STREET ADDRESS CITY-ST-ZIP				THTLE NAME STREET CITY-S	ADDRESS T-ZIP	IN THIS	SPACE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET CITY-S	ADDRESS IT- ZIP	and the second s											
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET CITY-S	ADDRESS T-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 drustee 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 an other like empowered.

SIGNATURE:

Andrzej Foerster/President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>954-255-9236</u>