

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90039 043 ***150.00

DOCUMENT # P02000088697

1. Entity Name

UNI CONSULTING CORPORATION



Principal Place of Business

**8930 STATE ROAD 84
300
DAVIE FL 33324**

Mailing Address

**8930 STATE ROAD 84
300
DAVIE FL 33324**

2. Principal Place of Business

**9824 W. Treetops Ct.
Suite, Apt. #, etc.**

3. Mailing Address

**8930 State Rd. 84
Suite, Apt. #, etc.
300**

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip
33328

Country
USA

Zip
33324

Country
USA

4. FEI Number

371438906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARINA, GOMEZ
8930 STATE ROAD 84
300
DAVIE FL 33324**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
GOMEZ, CARINA
8930 STATE ROAD 84
DAVIE FL 33324**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**GOMEZ, JAIME
Vice President
8930 State Rd. 84 #300
DAVIE, FL 33324**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Vice President
GOMEZ, JAIME
8930 State Rd. 84 #300
DAVIE, FL 33324**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARINA, Gomez, President

Date

1-4-03

Daytime Phone #

954-424-2850

CR2E034 (10/02)