


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91179 031 ***150.00

DOCUMENT # P02000089388

1. Entity Name
UNIGAIN INTERNATIONAL, INC.



Principal Place of Business
**3500 CORAL WAY
APT. 509
MIAMI FL 33145**

Mailing Address
**3500 CORAL WAY
APT. 509
MIAMI FL 33145**



CHECK FILRE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FL Number
56-2286991

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MELWANI, KAVITA C
3500 CORAL WAY
APT. 509
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Accessible) _____

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 of Registered Agent, Director, Officer, or other individual) (Typed Name of Registered Agent, Director, Officer, or other individual)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
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	D	<input type="checkbox"/> Delete
NAME	MELWANI, KAVITA C	
STREET ADDRESS	3500 CORAL WAY APT. 509	
CITY, ST, ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY, ST, ZIP		
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 113.07(2)(c), 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: *X [Signature]*
SIGNATURE AND (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 30/03**
Phone: **305-446-6849**

CR2E034 (10/02)