FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90545 011 ***163.75

DOCUMENT # P02000093064

1. Entity Name
UNIDOS Servicios de Inmigracion, Inc.

DO NOT WRITE IN THIS SPACE

20018990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1430 W. Busch Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc	
D			
City & State		City & State	
Tampa			
Zip	Country	Zip	Country
33612	USA		

4. FEI Number 13-4209805 ☐ 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: Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1333 North Duval Street
City: Tallahassee FL Zip Code: 32303

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

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

$ 163.75

9. Election Campaign Financing Trust Fund Contribution. ☑ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Ruth C. Jimenz	NAME	
STREET ADDRESS	1401 Lyonshire Drive	STREET ADDRESS	
CITY-ST-ZIP	Wesley Chapel, FL 33543	CITY-ST-ZIP	
TITLE	V/T/S/D	TITLE	
NAME	Claudia M. Mejia	NAME	
STREET ADDRESS	1401 Lyonshire Drive	STREET ADDRESS	
CITY-ST-ZIP	Wesley Chapel, FL 33543	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-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 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: [signature] 1/24/2003 (813) 933-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/02)