2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-11-2003 90098 023 ***150.00

DOCUMENT # P02000100384

1. Entity Name
UBC UNLIMITED BUSINESS CENTER, INC.

Principal Place of Business	Mailing Address
7006 NE 5 AVE MIAMI FL 33138	7006 NE 5 AVE MIAMI FL 33138

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7006 NE 5 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33138 Country: US	Zip Country

4. FEI Number: 14-1864146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOSEPH, HERVE
7006 NE 5 AVE
MIAMI FL 33138

7. Name and Address of New Registered Agent
Name: JOSEPH HERVE
Street Address (P.O. Box Number is Not Acceptable): 7006 NE 5 AVE
City: MIAMI FL 33138 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH, GENEVRE		NAME	
STREET ADDRESS	7006 NE 5 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH, STRUD		NAME	
STREET ADDRESS	7006 NE 5 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH, HERVE		NAME	
STREET ADDRESS	7006 NE 5 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MENARD, ORIENTAL		NAME	
STREET ADDRESS	7006 NE 5 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CONSTANT, ARLAND		NAME	
STREET ADDRESS	7006 NE 5 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEONARDO, JEAN		NAME	
STREET ADDRESS	7006 NE 5 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	

CR2E034 (10/02)

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: REQUIRED 04-09-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #