

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P04000064680

1. Entity Name

Uni International Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5471 Vineland Road 7108

Suite, Apt. #, etc.

3. Mailing Address
5471 Vineland Road 7108

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip

32811

Country

City & State
Orlando, FL

Zip

32811

Country

4. FEI Number
20-1067338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Ahmad, Shahid

Street Address (P.O. Box Number is Not Acceptable)

5471 Vineland Road 7108

City

Orlando

FL

Zip Code

32811

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

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

Director
Ahmad, Shahid
5471 Vineland Road 7108
Orlando, FL - 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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100000255800
03/08/05-30050-002 150.00

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IN THIS SPACE

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:

Shahid Ahmad (SHAHID AHMAD)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

Date

407-390-1825

Daytime Phone #