

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068991

Entity Name: UINVITE, INC

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

2197 NW 59TH STREET
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

2197 NW 59TH STREET
BOCA RATON, FL 33496

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIPSON, STEVEN E
Address: 2197 NW 59TH STREET
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: ESSEBAG, ASHER
Address: 22198 FRESNO TERRACE
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: NOIMAN, AVRAHAM
Address: 21240 SAWMILL COURT
City-St-Zip: BOCA RATON, FL 33498

Title: T () Delete
Name: RUBIN, AVISHAY
Address: 12187 ROCKLEDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. AVI RUBIN, DDS

T

01/23/2009

Electronic Signature of Signing Officer or Director

Date