## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am \$ Secretary of State DOCUMENT # P93000071597 1. Entity Name 05-28-2002 90723 002 \*\*\*550 00 U-O, INC. Principal Place of Business Mailing Address 2000 NW 92ND AVE 2000 NW 92ND AVE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0447525 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTEGA, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 2000 N.W. 92 AVE. **MIAMI FL 33172** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. .... , (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) TITLE ☐ Delete NAME ORTEGA, JOSE A SR NAME 2000 NW 92ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME UNANUE, FRANCISCO J STREET ADDRESS 2000 NW 92ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 🕠 Addition TITLE ☐ Delete TITLE ☐ Change UNANUE, JOSEPH A NAME NAME STREET ADDRESS STREET ADDRESS 100 SEAVIEW DR CITY-ST-ZIP SECAUCUS NJ 07096 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FRANSISCO, UNANUE JR NAME NAMÉ STREET ADDRESS 2000 NW 92 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment withlan address, with all other/like empowered.

Jose A. Ortega, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

5/07/02

305/591-9785

**FILED** 

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