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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P93000077469**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90086 025 ***150.00

	 	

UNN EN	TERPRISES, INC.								
Principal Place	e of Business	Mailing Address				6 1083146) (18 30188 (1811 8011) OB	til golit #Alfi i	88(1 \$88() BIB(B	8111 4 1 2 17 1 4 81
555 N.E. 15TH ST. 555 N.E. 15TH ST.									
#26 A #26 A					00105				
MIAMI FL 33132 MIAMI FL 33132		-	DO NOT WRITE IN THIS SPACE						
US		US			ļ	3. Date Incorporated or Qualifed			
						11/09/1993			
2. Principal Pi	al Place of Business 2a. Mailing Address		أحسم			_ 	plied For		
21		26				65-0446766		_ 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	· · · · · · · · · · · · · · · · · · ·	City & State							<u></u>
City & State	e ~	City & State			į	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
23	Country	Zip	Cou	ntn/			ant was Int		b i ees
Zip	Country	 	30	iu y	}	This corporation owes the curr Personal Property Tax.	ent year int		□No
24	9. Name and Address of Currer	29 Agent	30		J.	10. Name and Address of New F	Registered		
	, Name and Address of Curren	it Negistered Agent		81 Name		10. 110			
RUD	NICK, DAVID		ļ						
	NE 15 ST			82 Street A	Addres	s (P.O. Box Number is Not Accepta	able)		ļ
#26			}	83					
	MI FL 33132								
,,,,,,,,	1		ſ	84 City			FL	85 Zip (Code
office or re agent. I at SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State or familiar with, and accept the obligations of the state	of Florida. Such change was ations of, Section 607.0505, Fl	authorized	by the corpo	corpora oration	ation submits this statement for the 's board of directors. I hereby accep	ot the appoi	ntment as re	gistered
		ot and title if applicable (MOT	C. Dogietered	Agent cignoture re	equired w	hen reinstation\	DATE		 }
			 _	Agent signature re	equired w		DATE FICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOT ND DIRECTORS	E: Registered		equired w	hen reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

