

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90212 045 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                                                                                                                                    |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000002021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                   |                                                                              |
| 1. Entity Name<br><b>UNITEK INTERNATIONAL TRADE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                                                                                                                                                    |                                                                              |
| Principal Place of Business<br>2000 N E 122ND ROAD<br>NORTH MIAMI, FL 33181 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | Mailing Address<br>2000 N E 122ND ROAD<br>NORTH MIAMI, FL 33181-2942 US                                                                                                                                            |                                                                              |
| 2. Principal Place of Business<br><b>3150 NW 40th St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     | 3. Mailing Address<br><b>3150 NW 40th St.</b>                                                                                                                                                                      |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | Suite, Apt. #, etc.                                                                                                                                                                                                |                                                                              |
| City & State<br><b>Miami, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | City & State<br><b>Miami, FL</b>                                                                                                                                                                                   |                                                                              |
| Zip<br><b>33142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                               | Zip<br><b>33142</b> Country<br><b>USA</b>                                                                                                                                                                          |                                                                              |
| 4. FEI Number<br><b>65-0245041</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                             |                                                                              |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>TRAZENFELD, WARREN ESQ.<br/>FIRST UNION FIN. CTR #1870<br/>200 S. BISCAYNE BLVD<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br><b>Mickey Moore</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3150 NW 40th street</b><br>City<br><b>Miami</b> FL Zip Code<br><b>33142</b> |                                                                              |
| 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.<br>SIGNATURE <u><i>Mickey L. Moore</i></u> <b>Mickey L. Moore</b> DATE <b>4-30-03</b><br><small>Signature, typed or printed name of registered agent and time 3 applicable. (NOTE: Registered Agent signature required when submitting)</small>                                                                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                    |                                                                              |
| FILE NOW WITH FEE \$160.00<br>After May 1, 2003 Fee will be \$650.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                             |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                              |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>SCHANO, EDWARD S<br>2000 NE 122ND RD<br>NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br>MOORE, MICKEY L<br>13675 SW 72ND AVENUE<br>MIAMI, FL 33166 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u><i>Mickey L. Moore</i></u> <b>Mickey L. Moore</b> DATE <b>4-30-03</b> <b>805-633-4025</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     | Daytime Phone #                                                                                                                                                                                                    |                                                                              |

CR2E034 (10/02)