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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90067 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000027679

1. Corporation Name  
UNI-TRADE INVESTMENTS, INC.



Principal Place of Business

11211 W ATLANTIC BLVD  
SUITE 106  
CORAL SPRINGS FL 33071  
US

Mailing Address

11211 W ATLANTIC LVD  
SUITE 106  
CORAL SPRINGS FL 33071  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 15210 AMBERLY DR. #2115

Suite, Apt. #, etc.

22 STE # 2115

City & State

23 TAMPA, FL

Zip

24 33647

Country

25 USA

2a. Mailing Address

26 15210 AMBERLY DRIVE

Suite, Apt. #, etc.

27 STE # 2115

City & State

28 TAMPA, FL

Zip

29 33647

Country

30 USA

3. Date Incorporated or Qualified

04/08/1994

4. FEI Number

65-0488051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, RONALD L ESQ  
SUITE 407 - SKYLAKE STATE BANK BLDG.  
1550 NE MIAMI GARDENS DR.  
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HAMED, TIM

STREET ADDRESS 19370 COLLINS AVE. APT C1410

CITY-ST-ZIP N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME HAMED, TIM

1.3 STREET ADDRESS 15210 AMBERLY DRIVE, STE 2115

1.4 CITY-ST-ZIP TAMPA, FL, 33647

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

TIM HAMED, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

975-9112

Daytime Phone #

CR2E034 (11/98)