FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400027679

1. Corporation Name

UNI-TRADE INVESTMENTS, INC.

Principal Place of Business Mailing Address 11211 W ATLANTIC BLVD SUITE 106 CORAL SPRINGS FL 33071 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/08/1994 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualifed 04/08/1994 4. FEI Number 65-0488051 Not Applicat Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & St
SUITE 106 CORAL SPRINGS FL 33071 US 2. Principal Place of Business 21
CORAL SPRINGS FL 33071 US CORAL SPRINGS FL 33071 US 3. Date Incorporated or Qualifed 04/08/1994 2. Principal Place of Business 21 /52/0 Augery Dr. 2415 26 152/0 Augery Dr. 2415 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 STE # 21/5 City & State 21 TAMPA, FL 22 TAMPA, FL 23 TAMPA, FL 24 TAMPA, FL 25 TAMPA, FL 26 Country Do Not Write in this space Applied For 65-0488051 Not Applied For 65-0488051 Suite, Apt. #, etc. Cettificate of Status Desired Fee Required City & State Trust Fund Contribution Added to Fees Country S. This corporation owes the current year Intangible
2. Principal Place of Business 2. Principal Place of Business 2. A Mailing Address 3. A Mailing Address 4. FEI Number 65-0488051 Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution City & State 2. TAMPA, FL 2. Tampa, FL 2. Trust Fund Contribution 3. This corporation owes the current year Intangible
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Stell # 2115 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Applied For 65-0488051 2. Not Applicate For 65-0488051 3. Certificate of Status Desired 3. Certificate of Status Desired 4. FEI Number 65-0488051 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Fee Required 7. Fee Required 8. This corporation owes the current year Intangible
21 /5 2/0 AMBERY DR. # 2H5 26 15 2 1 0 AMBERLY DRIVE 65-0488051 Not Application Suite, Apt. #, etc. Suite, Apt. #, etc. 27 STE # 21/5 STE # 21/5 City & State City & State City & State 28 TAMPA, FL 28 TAMPA, FL Trust Fund Contribution Added to Fees Zip Country Zip Country S. This corporation owes the current year Intangible Not Application Not Application Section Campaign Financing S5.00 May Be Added to Fees Trust Fund Contribution Added to Fees S. This corporation owes the current year Intangible
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23 TAMPA, PL 28 IAMPA, PL Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible
24 33647 25 USA 29 33647 30 USA Personal Property Tax.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
B1 Name
DAVIS, RONALD L ESQ CHITT ACT CHAIR CLATE DANK BLOC 82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 407 - SKYLAKE STATE BANK BLDG.
1550 NE MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179 84 City 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.
SICNATURE
Signature, typeu or printed name congestered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE OP DELETE 1.1 TITLE DP Change Add
NAME HAMED, TIM 12 NAME HAMED, TIM
STREET ADDRESS 19370 COLLINS AVE. APT C1410 1.3 STREET ADDRESS 15210 AMBERLY DRIVE, STE 21/5 CITY-ST-ZIP N. MIAMI BEACH FL 1.4 CITY-ST-ZIP TAMPA, FL 33647
CITY-ST-ZIP N. MIAMI BEACH FL 14 CITY-ST-ZIP TAMPA, FL 33647
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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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

C/TY-ST-Z/P

TITLE

NAME

TITLE

NAME

DELETE

DELETE.

FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90067 011 ***150.00

☐ Change

☐ Addition

☐ Addition