

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000027679**

1. Entity Name

UNI-TRADE INVESTMENTS, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90061 037 ***150.00

Principal Place of Business

Mailing Address

15210 AMBERY DR.
STE 2115
TAMPA FL 333647
US15210 AMBERY DR.
STE. 2115
TAMPA FL 33647
US

2. Principal Place of Business

3. Mailing Address

18201 WIMBLEDON GRN. PL**18201 WIMBLEDON GREEN PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMPA, FL**TAMPA, FL**

4. FEI Number

65-0488051

Applied For

Not Applicable

Zip

Country

33647**USA**

Zip

Country

33647**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **HAMED, TIM**
CITY-ST-ZIP **15210 AMBERY DR. STE. 2115**
TAMPA FL 33642TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **HAMED, TIM**
CITY-ST-ZIP **18201 WIMBLEDON GREEN PLACE**
TAMPA, FL 33647TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM HAMED

Date

1/22/01 (813) 994-6793

Daytime Phone #

CR2E034 (10/00)