FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000091878

1. Entity Name: Unlimited Medical Management Group INC

AMENDED UBR

FILED
03 OCT 30 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7880 W 20 Ave	
Suite, Apt. #, etc.: B 44	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State
Zip: 33106 Country: USA	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Luis Nieto

Street Address (P.O. Box Number is Not Acceptable): 5500 W 21st Court #402

City: Hialeah FL Zip Code: 33016

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ricardo A. Del Risco 11411 SW 83 Terr Miami FL 33173	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500024440785 11/05/03--01014--016 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Luis B Nieto 5500 W 21 CT #402 Hialeah FL 33016	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: J.C. Del Risco 10/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR