

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003448 (4)

1. Corporation Name

ROUNDTREE UNITY, INC.



Principal Place of Business

11021 NW 19TH AVENUE
MIAMI FL 33167

Mailing Address

11021 NW 19TH AVENUE
MIAMI FL 33167

3. Date Incorporated or Qualified
01/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

650559884

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUNDTREE, TIMOTHY
11021 NW 19TH AVENUE
MIAMI FL 33167

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 fee, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, TIMOTHY	
STREET ADDRESS	11021 NW 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, TIMOTHY JR.	
STREET ADDRESS	11021 NW 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, PHILIP T	
STREET ADDRESS	251 NW 77TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, WESSIE L	
STREET ADDRESS	11021 NW 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, LOIS E	
STREET ADDRESS	2011 NW 185TH STREET	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	ROUNDTREE, MARK T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	11021 NW 19 AVENUE	
1.3 STREET ADDRESS	MIAMI, FL 33167	
1.4 CITY-ST-ZIP		
2.1 TITLE	ROUNDTREE, BEVERLY E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	11021 NW 19 AVENUE	
2.3 STREET ADDRESS	MIAMI, FL 33167	
2.4 CITY-ST-ZIP		
3.1 TITLE	ROUNDTREE, PENINNAH T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	11021 N.W. 19 AVENUE	
3.3 STREET ADDRESS	MIAMI, FL 33167	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

4/30/96

(305) 764-2551

CR2E034 (12/95)