

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 # P95000035041 (9)

1. Corporation Name
UNICA, INC.



Principal Place of Business

152 N.W. 57TH AVENUE
MIAMI FL 33126

Mailing Address

152 N.W. 57TH AVENUE
MIAMI FL 33126

3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

2. Principal Place of Business

21 2650 NE 189th Street

Suite, Apt. #, etc.

2a. Mailing Address

26 2650 NE 189th Street

Suite, Apt. #, etc.

4. FEI Number

65-0576505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 North Miami Beach, FL

City & State

28 North Miami Beach, FL

Zip

24 33180

Country

25 Dade

Zip

29 33180

Country

30 Dade

9. Name and Address of Current Registered Agent

SUAREZ, MARISELA
152 N.W. 57TH AVENUE
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Clifford B. Ain

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

2650 NE 189th Street

83

84 City

North Miami Beach, FL

85 Zip Code

33180

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

Clifford B. Ain

CLIFFORD B. AIN

4/24/96

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 D
NAME SUAREZ, MARISELA
STREET ADDRESS 15844 S.W. 74TH LANE
CITY-ST-ZIP MIAMI FL 33193

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE D/P ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Clifford B. Ain

4/24/96

(305) 933-3371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)