


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90105 034 ***550.00

0042553 AV

DOCUMENT #	P95000064256	
1. Entity Name UNIMAR, INC.		

Principal Place of Business 2400 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131	Mailing Address 355 ALHAMBRA CIRCLE SUITE #1201 MIAMI FL 33134
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2. Principal Place of Business	3. Mailing Address 801 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7th FL
City & State	City & State Miami, FL
Zip	Zip 33134
Country	Country Dade, USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0606649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, ETHAN W ESQ. 2400 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

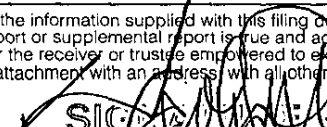
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00 After September 10, 2003, Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADALA-MARIA, JACOBO A 4975 S.W. 80TH STREET MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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**
8/20/03 (305) 810-3710
Date Daytime Phone #

CR2E034 (4/03)