

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90066 035 \*\*\*150.00

DOCUMENT # P95000073136

1. Corporation Name

UNIBEE CORPORATION

Principal Place of Business

5104 N. ORANGE BLOSSOM TRAIL  
SUITE 117  
ORLANDO FL 32810

Mailing Address

5104 N. ORANGE BLOSSOM TRAIL  
SUITE 117  
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

59-3340208

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 225 SHADOW BAY BLVD S.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 915934  
Suite, Apt. #, etc.

City & State

23 LONGWOOD, FL

Zip Country

24 32779 25 USA

City & State

28 LONGWOOD, FL

Zip Country

29 32779-5934 30 USA

9. Name and Address of Current Registered Agent

BERNSTEIN, HOWARD  
5104 N. ORANGE BLOSSOM TRAIL  
SUITE 117  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name  
HOWARD BERNSTEIN

82 Street Address (P.O. Box Number is Not Acceptable)  
225 SHADOW BAY BLVD. S.

83

84 City  
LONGWOOD FL 85 Zip Code  
32779

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 HOWARD BERNSTEIN, VP.

(NOTE: Registered Agent signature required when reinstating)

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
BERNSTEIN, GLADYS  
STREET ADDRESS 225 SHADOW BAY BOULEVARD, SOUTH  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME VPD  
BERNSTEIN, HOWARD  
STREET ADDRESS 225 SHADOW BAY BOULEVARD, SOUTH  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME D  
BERNSTEIN, JAMES  
STREET ADDRESS 818 N 12TH AVE  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD BERNSTEIN 1/25/99 (407) 772-6621  
V. P.

Date

Daytime Phone #

CR2E034 (11/98)

0097099