

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000001459**

1. Entity Name

**UNITECH CONSULTING, INC.****FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90316 010 \*\*\*150.00

**C0040042**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**150 WEST FLAGLER STREET  
SUITE 2200  
MIAMI FL 33130**

Mailing Address  
**150 WEST FLAGLER STREET  
SUITE 2200  
MIAMI FL 33130**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number **65-0709590** Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**FREED, OWEN S  
150 WEST FLAGLER ST.  
SUITE 2200  
MIAMI FL 33130**

## 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	<input type="checkbox"/> Delete
PD	MORILLO, RAFAEL	AVENIDA 3Y #69-24	MARACAIBO, VENEZUELA	<input type="checkbox"/>
VP	FONSECA, FERNANDO	% 150 WEST FLAGLER ST. #2200	MIAMI FL 33130	<input type="checkbox"/>
S	FREED, OWEN S	% 150 WEST FLAGLER ST. #2200	MIAMI FL 33130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OWEN S. FREED**

Date

**3/30/01**

Daytime Phone #

CR2E034 (10/00)