

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

0215968

04-16-2003 90224 032 \*\*\*150.00

**DOCUMENT # P96000001459**



1. Entity Name  
**UNITECH CONSULTING, INC.**

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.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0709590**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>MORILLO, RAFAEL</b>	
STREET ADDRESS	<b>AVENIDA 3Y #69-24</b>	
CITY-ST-ZIP	<b>MARACAIBO, VENEZUELA</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>FONSECA, FERNANDO</b>	
STREET ADDRESS	<b>% 150 WEST FLAGLER ST. #2200</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	S.	<input type="checkbox"/> Delete
NAME	<b>FREED, OWEN S</b>	
STREET ADDRESS	<b>% 150 WEST FLAGLER ST. #2200</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 RECORDED **RAFAEL MORILLO, PRES.** 4/14/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)