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

DOCUMENT # P96000010060

1. Corporation Name

UNISENSOR CORP.

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

05-03-1999 90122 024 ***300.00



Principal Place of Business Mailing Address							t inbildet iff forih drive sovie obtil e	Altı ABIB) il	Eti Marit Bar	SA Brist Matt (MAI
6531 PARK OF BOCA RATON	COMMERÇE	4700 BIS	4700 BISCAYNE BLVD. STE 200 MIAMI FL 33137				DO NOT WRITE	IN TUIC C	PRACE	
US							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
		20 11-00	- 8 Jahrana				01/25/1996 4. FEI Number			pplied For
— ·	ace of Business	\vdash	2a. Mailing Address				į į			<u>· · · · · · · · · · · · · · · · · · · </u>
21	B -A-	26 Suite	Suite, Apt. #, etc.				65-0638665			ot Applicable Additional
Suite, Apt. :	#, etc.		─ ·				5. Certificate of Status Desired		•	Required -
City & State		27 City	City & State				6 Election Compoign Financing			May Be
	,	28	 				6. Election Campaign Financing Trust Fund Contribution]		to Fees
23 Zip	Country	Zip		Cou	ntrv		8. This corporation owes the current	vear Inter		
24	25	29	[:	30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Currer				Γ		10. Name and Address of New Regi	istered A	gent	
			- X		81	Name				
EISLER, MICHAEL J			82 Stree			Cher - 4 4	Address /D.O. Boy Number is Not Acceptable)			
4700	BISCAYNE BLVD. STE 200					Street A	ddress (P.O. Box Number is Not Acceptable	,		
MIAN	MI FL 33137				83					
					لبا				Ingl -	<u> </u>
					84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 150	08 Florida Statute	s. the a	hove	-named c	orporation submits this statement for the pur	pose of c	t t hanging it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Su	ch change was au	thorized	i by t	the corpor	ation's board of directors. I hereby accept th	e appoint	ment as r	egistered
SIGNATURE	Signature, typed or printed name of registered age	et and title if applies	able (NOTE:	Ponistered	Aneni	signature rec	uired when reinstating)	DATE		
12.	OFFICERS AN		·	13.	Agoni	Signature 700	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	PVSD		DELETE	1.1 TI	TLE				☐ Change	
NAME	SEIDEL, STUART T			1.2 N		1				
STREET ADDRESS	6531 PARK OF COMMERCE E	IVD STE 1	50			ADDRESS				
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NAME				2.2 N						
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STREET ADDRESS										
CITY-ST-ZIP				6.4 CI	TY-ST		is Section 110 07(2)(i) Electide Statutes fu		t. that the	Information

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 informatic 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 pit offer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR