

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069416

1. Entity Name

UNLIMITED RESOURCES INC.

Principal Place of Business

345 ROMANO AVENUE
CORAL GABLES FL 33134

Mailing Address

345 ROMANO AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0690751

Applied For

Not Applicable

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

GAUARRETE
ARGAMASILLA, MAGDALENA
345 ROMANO AVE
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ARGAMASILLA, MAGDALENA**
STREET ADDRESS **345 ROMANO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P** ☒ Change ☐ Addition
NAME **GAUARRETE, MAGDALENA**
STREET ADDRESS **345 ROMANO AVE**
CITY-ST-ZIP **CORAL GABLES-FL 33134**

TITLE **VP** ☐ Delete
NAME **GAUARRATE, RAFAEL**
STREET ADDRESS **345 ROMANO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

U. GAUARRETE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23-01

Date

305-447-6645

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

11

Attachment

841063/ page 0000 169112

CERTIFICATION OF VITAL RECORD

CLARK COUNTY, NEVADA
CERTIFIED ABSTRACT OF MARRIAGE

GROOM: GAVARRETE RAFAEL E

BRIDE: ARGAMASILLA MAGDALENA S

DATE OF MARRIAGE: DECEMBER 31, 1997

RECORDED: JANUARY 06, 1998

BOOK: 19980106

INSTRUMENT: 72298

APPLICATION: C914739

This is to certify that this document is a true abstract of the
marriage record filed with the County Recorder of Clark County, Nevada.

Judith A. Vandever

Judith A. Vandever
Clark County Recorder

ISSUED: 01-08-2001

IAS

This copy is not valid unless prepared on engraved form,
impressed with the raised seal of the Clark County Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CHANGE OF NAME BECAUSE
OF MARRIAGE