## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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CHATURE AND TYPED OR REINTED NAME OF PIGNING OFFICER OR DIRECTOR

## Feb 27, 2002 8:00 am P96000098841 DOCUMENT # Secretary of State 1. Entity Name 02-27-2002 90301 001 \*\*\*600.00 UNO MARKETING, INC. Principal Place of Business Mailing Address 100 N BISCAYNE BLVD. SUITE 1001 100 N BISCAYNE BLVD. SUITE 1001 19909 MIAM! FL: 33132 **MIAMI FL 33132** 2. Principal Place of Business 3. Mailing Address 7415 N.W. 19th Street 7415 N.W. 19th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Bay H Bay H City & State 4. FEI Number City & State Applied For 65-0718152 Miami, FL <u>Miami, FL</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33126 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEMAN, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR, SUITE 0-305 MIAMI FL 33131 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. idvs TITLE ☐ Delete PDSTITLE ☐ Change ☐ Addition NAME GARCIA, OSCAR JR NAME GARCIA, JR., Oscar 100 N BISCAYNE BLVD. #1001 STREET ADDRESS STREET ADDRESS 7415 N.W. 19th Street, Bay H MIAMI FL 33132 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33126 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VILHENA. SERGIO NAME VIIHENA, Sergio Martins NAME 7415 N.W. 19th Street STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 1001 STREET ADDRESS CITY-ST-ZIP imiami FL 33132 Miami, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

305)470-888:

FILED