

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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90217 013 \*\*\*150.00

DOCUMENT # P96000102499

1. Corporation Name

UNICOM TRADING, INC.

Principal Place of Business  
211 ALEXANDER PALM ROAD  
BOCA RATON FL 33432

Mailing Address  
211 ALEXANDER PALM ROAD  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

65-0716742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5801 Town Bay Drive

Suite, Apt. #, etc.

22 STE. # 623

City & State

23 Boca Raton, FL

Zip

24 33486

Country

25 USA

2a. Mailing Address

26 5801 Town Bay Drive

Suite, Apt. #, etc.

27 STE. # 623

City & State

28 Boca Raton, FL

Zip

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

ALEXEENKO, ALEXEI  
211 ALEXANDER PALM ROAD  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

ALEXEENKO, ALEXEI

82 Street Address (P.O. Box Number is Not Acceptable)

5801 Town Bay Drive, Ste. # 623

83

84 City

Boca Raton

FL

85 Zip Code

33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

ALEXEENKO, ALEXEI

3.04.99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS  
NAME ALEXEENKO, ALEXEI  
STREET ADDRESS 211 ALEXANDER PALM RD  
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P/S  
12 NAME ALEXEENKO, ALEXEI  
13 STREET ADDRESS 5801 TOWN BAY DR., STE. 623  
14 CITY-ST-ZIP Boca Raton, FL 33486

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 all other like empowered.

SIGNATURE:

ALEXEENKO, ALEXEI

3.04.99

561-416-5240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0340430