

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000022255**1. Entity Name  
U.E.I. UNLIMITED ENTREPRENEUR INTERNATIONAL, INC.

Principal Place of Business 2000 HARRISON ST. #8 AND 9 HOLLYWOOD 33020 US	FL	Mailing Address 2000 HARRISON ST. #8 AND 9 HOLLYWOOD 33020 US	FL
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2. Principal Place of Business 19048 NE 29TH AVE.	3. Mailing Address 19048 NE 29TH AVE.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State AVENTURA FL	City & State AVENTURA FL
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Zip 33180	Country US	Zip 33180	Country US
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4. FEI Number <b>65-0755616</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ANTAR HOSSAM E  
19701 E. COUNTRY CLUB DR. #303  
  
AVENTURA FL  
33180**7. Name and Address of New Registered Agent**Name  
ANTAR HOSSAM E  
Street Address (P.O. Box Number is Not Acceptable)  
19555 E. COUNTRY CLUB DR. #608  
  
City  
AVENTURA FL Zip Code  
33180

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 **HOSSAM ANTAR****09/09/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANTAR HOSSAM E 19701 E. COUNTRY CLUB DR. #303 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANTAR HOSSAM E 19555 E. COUNTRY CLUB DR. #608 AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Hossam Antar**

PSD

09/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)