


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000022255		
1. Entity Name U.E.I. UNLIMITED ENTREPRENEUR INTERNATIONAL, INC.		

AD

FILED

05 JAN -5 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

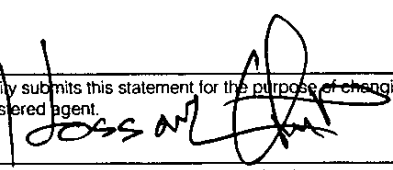


Principal Place of Business 19048 NE 29TH AVE. AVENTURA, FL 33180 US	Mailing Address 19048 NE 29TH AVE. AVENTURA, FL 33180 US
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2. Principal Place of Business 6545 NOVA DRIVE Suite, Apt. #, etc. 206 City & State FT. LAUDERDALE, FL Zip 33317 Country U.S.A.	3. Mailing Address 6545 NOVA DRIVE Suite, Apt. #, etc. 206 City & State FT. LAUDERDALE, FL Zip 33317 Country U.S.A.
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12282004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent ANTAR, HOSSAM E 19555 E. COUNTRY CLUB DR. #608 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: X  HOSSAM E. ANTAR	DATE: X 28 DEC 04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. 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 type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400045481174 01/27/05--01014--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: X  HOSSAM E. ANTAR	DATE: X 28 DEC 04	DAYTIME PHONE: 577-3918
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #