

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033400

1. Entity Name

UNLIMITED SOLUTIONS INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90012 010 ***150.00

Principal Place of Business

19800 SW 180TH AVE. STE 5
MIAMI FL 33187

Mailing Address

19800 SW 180TH AVE. STE 5
MIAMI FL 33187-2610

2. Principal Place of Business

16434 SW 1ST
Suite, Apt. #, etc.

3. Mailing Address

16434 SW 1ST
Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33027

Country

Zip

33027

Country

4. FEI Number

65-0756732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAGESSE, DOREEN
19800 SW 180TH AVE. STE 5
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

LAGESSE, CLAIRE

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

19800 SW 180 AVE, STE 5

City

MIAMI

FL

Zip Code

33187

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

Claire Lagesse

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/2000

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, 2000 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	DPS	<input type="checkbox"/> Delete
NAME	LAGESS, DORREN	
STREET ADDRESS	16434 SW 1ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dorren Lagesse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/00

Daytime Phone #

CR2E034 (9/99)