

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 12, 2001 8:00 am
Secretary of State

02-22-2001 90131 023 ***150.00

DOCUMENT # P97000062474

1. Entity Name
UNIDOS INTERNATIONAL, INC.

Principal Place of Business

**5860 SW 8TH ST
NO 1
MIAMI FL 33144
US**

Mailing Address

**5860 SW 8TH STREET
SUITE 1
MIAMI FL 33144
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0768657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FONTELA, MARIA E
5860 SW 8TH ST
SUITE 1
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **Hilda Fontela**
Street Address (P.O. Box Number is Not Acceptable)
5860 S.W. 8th Street, Suite # 1
City **Miami** **FL** Zip Code **33144**

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 **Hilda Fontela**

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

Hilda Fontela
(NOTE: Registered Agent's signature required when reinstating)

January 1st, 2001

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 **D** ☒ Delete
NAME **FONTELA, MARIAE**
STREET ADDRESS **585 SE 9 AVE**
CITY-ST-ZIP **HALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Hilda Fontela**
STREET ADDRESS **5860 SW 8th Street, Suite # 1**
CITY-ST-ZIP **Miami, Florida 33144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Hilda Fontela*

HILDA FONTELA, Pres. Feb.06, 2001 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)