

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90148 004 \*\*\*150.00

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**DOCUMENT # P97000089922**

1. Entity Name

UNLIMITED MANAGEMENT SERVICES, INC.



Principal Place of Business

937 A SW 87 AVE  
MIAMI FL 33174  
US

Mailing Address

P O BOX 440067  
MIAMI FL 33144  
US

2. Principal Place of Business

11890 SW 8 ST

3. Mailing Address

Suite, Apt. #, etc.

100

City & State

Miami, FL

City & State

Zip

Country

33184 USA

Zip

Country

4. FEI Number

65-0792091

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SANCHEZ, JUAN A. ESQ.  
10691 N. KENDALL DRIVE  
SUITE 310  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HERNANDEZ, LUIS C  
STREET ADDRESS 2026 NW 44 PL  
CITY-ST-ZIP OCALA FL 34475 ☐ Delete

TITLE SD  
NAME HERNANDEZ, OLGA L  
STREET ADDRESS 2026 NW 44 PLACE  
CITY-ST-ZIP OCALA FL 34475 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 11890 SW 8 ST # 100  
CITY-ST-ZIP Miami FL 33184 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 11890 SW 8 ST # 100  
CITY-ST-ZIP Miami FL 33184 ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

305 553 9731

Date

Daytime Phone #

CR2E034 (10/02)