

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017602

1. Entity Name

UNLIMITED POTENTIALS, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90804 001 \*\*\*150.00

05-19-2000 90804 002 \*\*\*\*\*8.75

Principal Place of Business

3242 MARY STREET  
STE 211  
MIAMI FL 33133

Mailing Address

3242 MARY STREET  
STE 211  
MIAMI FL 33133-5276

2. Principal Place of Business

13845 N.W. 20th St.

3. Mailing Address

13845 N.W. 20th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

Broward

Zip

33028

Country

Broward

4. FEI Number

65-0818657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MIGDALIA  
3242 MARY ST  
STE 211  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Migdalía Perez

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

13845 N.W. 20th St.

City

Pembroke Pines

FL

Zip Code

33028

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

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, 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 PSD  
NAME PEREZ, MIGDALIA  
STREET ADDRESS 3242 MARY ST, STE 211  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE VTD  
NAME MELENDEZ, EMILIO  
STREET ADDRESS 3242 MARY ST, STE 211  
CITY-ST-ZIP MIAMI FL 33133 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 13845 N.W. 20th St.  
CITY-ST-ZIP Pembroke Pines FL 33028 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 13845 N.W. 20th St.  
CITY-ST-ZIP Pembroke Pines FL 33028 ☒ 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

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:

Migdalía Perez Migdalía Perez

4-29-00 (954)436-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #