2002 UNIFORM BUSINESS REPORT (UBR) FILED P98000017602 **DOCUMENT#** 1. Entity Name 02 OCT 15 AM 11:21 UNLIMITED POTENTIALS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Malling Address 13845 NW 20TH ST 13845 NW 20TH ST PEMBROKE PINES FL 33028 *** PEMBROKE PINES FL 33028 3242 Mary St 3242 Maky St. S-21) B-211 Mian Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0818657 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ. MIGDALIA Street Address (P.O. Box Number is Not Acceptable) 13845 NW 20 ST HOLLYWOOD FL 33028 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reguled when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. \Box Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE NAME PEREZ, MIGDALIA 2242 Mary St. Sall NAME STREET ADORESS Ŧ. 13845 NW 20771 ST STREET ADDRESS PEMBROKE PINES FL 33028 Miami FL 33133 -10/15/02--01010--004 CITY-ST-ZIP,-CITY+ST-7IP <u>****558.7</u> TITLE **VTD** TITLE NAME ☐ Change ☐ Addition MELENDEZ, EMILIO STREET ADDRESS 13845 NW 20TH-ST Miam: F STREET ADORESS CITY-ST-719 PEMBROKE PINES FL 33028 CITY-ST-ZIP TITLE Delete ☐ Change NAME ■ Addition NAME - -STREET ADDRESS STREET ADDRESS CITY, ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP THE TITLE ☐ Delete NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 September 11,2002 (305)441-0929