

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060962

1. Entity Name

UNIBILL INC.

FILED

May 07, 2000 8:00 am
Secretary of State

05-07-2000 90028 040 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 832430
FL 33283

P.O. BOX 832430
MIAMI FL 33283-2430

2. Principal Place of Business

1770 NE Miami Gardens Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

4. FEI Number

65-0849200

Applied For

Not Applicable

Zip

33179

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, AHMED
18810 SW 61ST ST
MIAMI FL 33713

Name

Ahmed Morales

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

1119 SW 139 PL

City

MIAMI

FL

Zip Code

33184

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

02/08/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MORALES, AHMED
STREET ADDRESS P.O. BOX 832430
CITY-ST-ZIP MIAMI FL 33283

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ESPINOSA, REMBERTO
STREET ADDRESS P.O. BOX 832430
CITY-ST-ZIP MIAMI FL 33283

☒ Delete

TITLE VD
NAME CLARA PERERA-RODRIGUEZ
STREET ADDRESS
CITY-ST-ZIP MIAMI, FL

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/00

Date

Daytime Phone #

305-330-8900

CR2E034 (9/99)