

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 980000 919 75

1. Corporation Name

UNITEL, INC.

FILED

99 NOV -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1901 NW 188 AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 1901 NW 188 AVE
Suite, Apt. #, etc.

22 City & State

23 PEMBROKE PINES FL

27 City & State

28 PEMBROKE PINES FL

24 33029 25 BROWARD

29 33029 30 BROWARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/98

4. FEI Number

65-0930512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name MONICA E JOHNSON

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

1901 NW 188 AVE

83 PEMBROKE PINES

84 City PEMBROKE PINES FL

85 Zip Code

33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/28/99

12 OFFICERS AND DIRECTORS

11 TITLE PRESIDENT/TREASURER ☐ DELETE

NAME MONICA E JOHNSON

12 STREET ADDRESS 1901 NW 188 AVE

13 CITY-STATE-ZIP PEMBROKE PINES FL 33029

14 TITLE SECRETARY/DIRECTOR ☐ DELETE

NAME MONICA SILVA

15 STREET ADDRESS 1901 NW 188 AVE

16 CITY-STATE-ZIP PEMBROKE PINES FL 33029 ☐ DELETE

17 NAME

18 STREET ADDRESS

19 CITY-STATE-ZIP

20 TITLE ☐ DELETE

NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE ☐ DELETE

NAME

24 STREET ADDRESS

25 CITY-STATE-ZIP

26 TITLE ☐ DELETE

NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT/TREASURER ☐ Change ☒ Addition

12 NAME MONICA E JOHNSON

13 STREET ADDRESS 1901 NW 188 AVE

14 CITY-STATE-ZIP PEMBROKE PINES FL 33029

21 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition

22 NAME MONICA SILVA

23 STREET ADDRESS 1901 NW 188 AVE

24 CITY-STATE-ZIP PEMBROKE PINES FL 33029 ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

TS

03/10/99 90276 006 150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA E JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

10/28/99 (305) 961-8338

CR2E034 (11/98)