

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 009 ***150.00

DOCUMENT # P99000040591

1. Entity Name

UNITEC OF AMERICA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3615 NE 207TH STREET

Suite, Apt. #, etc.

#3312

City & State
AVENTURA, FL

Zip

33180

Country

MIAMI-DADE

3. Mailing Address

770 PONCE DE LEON BLV

Suite, Apt. #, etc.

#210

City & State
CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

4. FEI Number

65-1055074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TSIMOGIANNIS, JOHNNY

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

770 PONCE DE LEON BLVD

SUITE 210

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DP	TITLE	
NAME	AISENBERG, ALAIN	NAME	
STREET ADDRESS	3615 NE 207TH ST, #3312	STREET ADDRESS	
CITY - ST - ZIP	AVENTURA, FL 33180	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alain Aisenberg*

ALAIN AISENBERG

04/30/02 305-444-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #