

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91894 013 \*\*\*150.00

<b>DOCUMENT # P99000040591</b> 1. Entity Name <b>UNITEC OF AMERICA CORPORATION</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
2. Principal Place of Business <b>3615 NE 207TH STREET</b> Suite, Apt. #, etc. <b>#3312</b> City & State <b>AVENTURA, FL</b> Zip                      Country <b>33180</b>		3. Mailing Address <b>999 PONCE DE LEON BLVD</b> Suite, Apt. #, etc. <b>SUITE 601</b> City & State <b>CORAL GABLES, FL</b> Zip                      Country <b>33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>65-1055074</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		7. Name and Address of Current Registered Agent Name <b>JOHNNY TSIMOGIANNIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>999 PONCE DE LEON BLVD</b> <b>SUITE 601</b> City                      Zip Code <b>CORAL GABLES FL 33134</b>	
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 the obligations of registered agent.  SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 * Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>		
NAME	AISENBERG, ALAIN	NAME			
STREET ADDRESS	3615 NE 207TH STREET, #3312	STREET ADDRESS			
CITY - ST - ZIP	AVENTURA, FL 33180	CITY - ST - ZIP			
TITLE		TITLE	<b>DO NOT WRITE IN THIS SPACE</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE	<b>DO NOT WRITE IN THIS SPACE</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE	<b>DO NOT WRITE IN THIS SPACE</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE	<b>DO NOT WRITE IN THIS SPACE</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. 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 10 or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>ALAIN AISENBERG</b> Date		<b>4/28/03 (305) 442-1028</b> Daytime Phone #	