## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment an address, with all other like empowered

Riesipo

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

## FILED May 10, 2002 8:00 am & Secretary of State **DOCUMENT #** P99000040613 1. Entity Name UNITRANSFER HOLDINGS, INC. 05-10-2002 90022 033 \*\*\*150 00 Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE SUITE 705 601 BRICKELL KEY DRIVE SUITE 705 MIAM1 FL 33131 R0094068 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1014912 Not Applicable Zip Country Zip 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 DE LA PENA, VILLANUEVA & BAJANDAS, LLP BATA-010 Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 705 British 1Chy ON **MIAMI FL 33131** City Zip Code 33/46 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (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 ☐ Delete TITLE Change ☐ Addition BAJANDAS, RICARDO NAME NAME STREET ADDRESS 5911 NE 2ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME BAJANDAS, RICARDO NAME STREET ADDRESS 601 BRICKELL KEY DRIVE STE 705 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

CR2E034 (9/01