

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000045324****1. Entity Name**
UNIWA, INC.**Principal Place of Business**

1253 UNIVERSITY DR. PMB 204

CORAL SPRINGS
33071

FL

Mailing Address

1253 UNIVERSITY DR. PMB 204

CORAL SPRINGS
33071

FL

2. Principal Place of Business

10715 GRIFFING BLVD

Suite, Apt. #, etc.

City & State

MIAMI

FL

Zip
33161

Country

3. Mailing Address

10715 GRIFFING BLVD

Suite, Apt. #, etc.

City & State

MIAMI

FL

Zip
33161

Country

4. FEI Number☒ Applied For
☐ Not Applicable**5. Certificate of Status Desired**☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCARRINGTON LINDA
1253 UNIVERSITY DR. PMB 204CORAL SPRINGS
33071

FL

7. Name and Address of New Registered Agent**Name**

CARRINGTON LINDA

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

10715 GRIFFING BLVD

City
MIAMI

FL

Zip Code
33161**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 LINDA CARRINGTONH**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

DATE

**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**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME EVRARD EMMANUEL
STREET ADDRESS 1253 UNIVERSITY DR. PMB 204
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE D ☐ Delete
NAME CARRINGTON LINDA
STREET ADDRESS 1253 UNIVERSITY DR. PMB 204
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☐ Change ☒ Addition
NAME WILLIS SHERNITA
STREET ADDRESS 1213 LEE WHATLEY
CITY-ST-ZIP LITHONIA GA 30058TITLE D ☒ Change ☐ Addition
NAME YOUNGER CLEMMMA
STREET ADDRESS 5021 ELIOTS OAK ROAD
CITY-ST-ZIP COLUMBIA MD 21044TITLE D ☒ Change ☐ Addition
NAME CARRINGTON LINDA
STREET ADDRESS 10715 GRIFFING BLVD
CITY-ST-ZIP MIAMI FL 33161TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Linda Carrington

Date: 05/01/2000