

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0120189 AV

05-05-2003 91779 012 \*\*\*150.00

**DOCUMENT # P99000071365**

**1. Entity Name**  
**UNIPON MANAGEMENT, CORP.**



**Principal Place of Business**  
**2528 SON FISH ST.**  
**ORLANDO FL 32839**

**Mailing Address**  
**2528 SON FISH ST.**  
**ORLANDO FL 32839**

**2. Principal Place of Business**  
**7061 GRAND NATIONAL DR**  
**Suite, Apt. #, etc. 108**  
**OR**

**3. Mailing Address**  
**7061 GRAND NATIONAL DR**  
**Suite, Apt. #, etc. 108**

**City & State**  
**ORLANDO, FL**

**City & State**  
**ORLANDO, FL**

**4. FEI Number** **59-3605306**

**Applied For**  
**Not Applicable**

**Zip** **32819** **Country** **USA**

**Zip** **32819** **Country** **USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MACHADO, CELMA**  
**2528 SON FISH ST.**  
**ORLANDO FL 32839**

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

**Name**

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

**7061 GRAND NATIONAL DR.**

**City**

**ORLANDO**

**FL**

**Zip Code**

**32819**

**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**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PST** ☒ **Delete**  
**NAME** **MACHADO, CELMA**  
**STREET ADDRESS** **2528 SON FISH STREET**  
**CITY-ST-ZIP** **ORLANDO FL 32839**

**TITLE** **PST** ☐ **Delete**  
**NAME** **MACHADO, CELMA**  
**STREET ADDRESS** **7061 GRAND NATIONAL DR**  
**CITY-ST-ZIP** **ORLANDO, FL 32819**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Change** ☐ **Addition**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**(407) 435-7853**

CR2E034 (10/02)