FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P99000077533 **DOCUMENT #** 1. Entity Name 05-08-2002 90098 010 ***150.00 UNINET SERVICES INC. Principal Place of Business Mailing Address 14766 SW 81 ST. 14766 SW 81 ST. MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address 6325 4526 PRESTON Woods BR P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Brandon 65-0944373 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired tills boreough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VINUEZA, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 14766 SW 81 ST. **MIAMI FL 33196** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PSD** ☐ Delete Change ■ Addition HERNAN VINUEZA NAME VINUEZA, HERNAN NAME 4506 PRESTON Woods DR STREET ADDRESS 14766 SW 81 ST. STREET ADDRESS CITY-ST-ZIP **MIAM! FL 33196** CITY-ST-ZIP VAIRICO, FI 33594 TITLE ☐ Delete VINUETA, YPLANDA SER 4536 PRESTON WOODS BR TITLE NAME VINUEZA, YOLANDA NAME STREET ADDRESS STREET ADDRESS 14766 SW 81 ST. APRICO, FI 33594 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 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-ZIE 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 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 changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (9/01