

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90107 029 ***150.00

UBR001 AT

DOCUMENT # P99000077533

1. Entity Name
UNINET SERVICES INC.



Principal Place of Business
**4526 PRESTON WOODS DR
VALRICO FL 33594**

Mailing Address
**P.O. BOX 6325
BRANDON FL 33508-6325**



2. Principal Place of Business
4530 Portobello Circle

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
VALRICO, FL

City & State

Zip
33594 Country **USA**

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0944373** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**VINUEZA, YOLANDA
14766 SW 81 ST.
MIAMI FL 33196**

7. Name and Address of New Registered Agent
Name **VINUEZA YOLANDA G.**
Street Address (P.O. Box Number is Not Acceptable)
4530 PORTOBELLO CIRCLE
City **VALRICO** **FL** Zip Code **33594**

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VINUEZA, HERNAN 4526 PRESTON WOODS DR VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4530 Portobello Circle VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VINUEZA, YOLANDA 4526 PRESTON WOODS DR VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4530 Portobello Circle VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **HERNAN G. VINUEZA** **4-15-03/661-7598**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)