

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90291 034 ***150.00

DOCUMENT # S37587

1. Entity Name
UNITECH REAL ESTATE INVESTMENT, INC.



Principal Place of Business
1800 N.E. 114 STREET
#2310
MIAMI FL 33181
US

Mailing Address
1800 N.E. 114 STREET
#2310
MIAMI FL 33181
US



2. Principal Place of Business
4343 W. FLAGLER ST

3. Mailing Address
4343 W. FLAGLER ST

Suite, Apt. #, etc.
505

Suite, Apt. #, etc.
505

City & State
MIAMI FL

City & State
MIAMI, FL

Zip Country
33134 USA

Zip Country
33134 USA

4. FEI Number **65-0259419**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ZERBONE, A.
4343 W FLAGLER STREET
STE 505
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **VIGNOLA, FRANCESCO**
STREET ADDRESS **4343 W FLAGLER STE 505**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **AS** ☐ Delete
NAME **ZERBONE, ALEX**
STREET ADDRESS **4343 W FLAGLER STE 505**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
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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 REQUIRED ZERBONE

Date

Daytime Phone #

1/9/03 3054613264

CR2E034 (10/02)