

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S67135

1. Corporation Name
UNIDOS ASSISTANCE, INC.

Principal Place of Business

**8369 NW 66TH STREET
MIAMI FL 33166**

US

Mailing Address

**8369 NW 66TH STREET
MIAMI FL 33166**

US

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90062 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1991

4. FEI Number

65-0276194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12948 SW 133RD COURT

Suite, Apt. #, etc.

22 SUITE #A

City & State

23 MIAMI FLORIDA,

Zip

24 33186

Country

25 USA

2a. Mailing Address

26 12948 SW 133RD COURT

Suite, Apt. #, etc.

27 SUITE #A

City & State

28 MIAMI FLORIDA,

Zip

29 33186

Country

30 USA

9. Name and Address of Current Registered Agent

PRESTO, DOUGLAS

8001 S.W. 142ND AVE. #13-12

MIAMI FL 33186

81 Name

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

14816 S.W. 140TH COURT

83

84 City **MIAMI**

FL

85 Zip Code
33186

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PT**
PRESTO, DOUGLAS
STREET ADDRESS **14816 SW 140TH COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **VS**
PRESTO, NUBIA D
STREET ADDRESS **14816 SW 140TH COURT**
CITY-ST-ZIP **SAO PAULO FL 33186**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

14816 SW 140TH COURT

MIAMI FL, 33186

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nubia D. Presto 1/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)