


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>S 97936</b>	
1. Entity Name <b>UNICORP, INC.</b>	

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
03 JUL 18 PM 1:20

**DO NOT WRITE IN THIS SPACE**

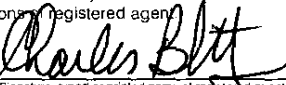
2. Principal Place of Business <b>2000 S. OCEAN BLVD</b>	3. Mailing Address <b>2000 S. OCEAN BLVD.</b>
Suite, Apt. #, etc. <b>#12K</b>	Suite, Apt. #, etc. <b>#12K</b>
City & State <b>POMPANO BEACH</b>	City & State <b>POMPANO BEACH</b>
Zip <b>33062</b> County <b>BROWARD</b>	Zip <b>33062</b> County <b>BROWARD</b>

DO NOT WRITE IN THIS SPACE

**MRD**

4. FEI Number <b>65-0299312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

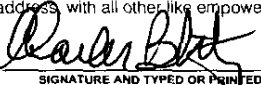
<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>CHARLES BLITZER</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>2000 S. OCEAN BLVD #12K</b>	
	City <b>POMPANO BEACH</b>	State <b>FL</b> Zip <b>33062</b>

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 	<b>CHARLES BLITZER, PRESIDENT</b>	DATE <b>7-16-03</b>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR / PRESIDENT CHARLES BLITZER 2000 S. OCEAN BLVD #12K POMPANO BEACH, FL 33062</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>400021649254 07/18/03--01082--004 **450.00</b>
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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 on an attachment with an address with all other like empowered.			
SIGNATURE: 	<b>CHARLES BLITZER, PRESIDENT</b>	DATE <b>7-16-03</b>	DAYTIME PHONE # <b>954-263-3535</b>

CR2E034B (12/02)

**UNICORP, INC.**

2000 S. Ocean Blvd.  
Pompano Beach, FL 33062  
Tel: (954) 784-1566  
Fax: (954) 784-2514  
Cell: (954) 263-3535

July 16, 2003

Florida Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Unicorp, Inc. Document # S 97936

Dear Sirs,

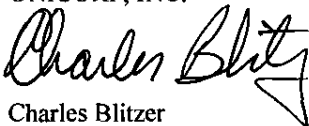
Enclosed, please find a Uniform Business Report for the above referenced Corporation as well as a check in the amount of \$450 covering filing fees.

We did not receive any notices for the year 2001. Therefore, we respectfully ask that the late fees for reinstatement be waived.

Thank you for your favorable response to this request.

Sincerely yours,

UNICORP, INC.



Charles Blitzer  
President