

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N00000004858

**Entity Name:** UNAD FLORIDA, INC.

**Current Principal Place of Business:**

490 SAWGRASS CORPORATE PARKWAY STE 120  
SUNRISE, FL 33325

**Current Mailing Address:**

490 SAWGRASS CORPORATE PARKWAY STE 120  
SUNRISE, FL 33325

**FEI Number:** 65-1059288

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORRIGAN, JOHN ESQ  
444 BRICKELL AVE. RIVERGATE PLAZA  
300  
MIAMI, FL 33131 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name LEAL, JAIME  
Address 490 SAWGRASS CORPORATE  
PARKWAY STE 120  
City-State-Zip: SUNRISE FL 33325

Title VC  
Name CORRIGAN, JOHN  
Address 490 SAWGRASS CORPORATE  
PARKWAY STE 120  
City-State-Zip: SUNRISE FL 33325

Title BM  
Name OFFIR, LIRON  
Address 490 SAWGRASS CORPORATE  
PARKWAY STE 120  
City-State-Zip: SUNRISE FL 33325

Title EXECUTIVE DIRECTOR  
Name STEGMANN, JUAN PABLO  
Address 490 SAWGRASS CORPORATE  
PARKWAY STE 120  
City-State-Zip: SUNRISE FL 33325

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JUAN PABLO STEGMANN

**EXECUTIVE DIRECTOR**

**07/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date