

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M81536 (8)

1. Corporation Name  
UNIVERSAL CARGO DOORS & SERVICE, INC.



Principal Place of Business  
8490 N.W. 68th Ave.  
7700 NW 52ND STREET  
MIAMI FL 33166  
US

Mailing Address  
P O BOX 680460  
MIAMI FL 33266-0460  
US

3. Date Incorporated or Qualified 05/18/1988  
3a. Date of Last Report 02/21/1995

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

4. FEI Number 65-0047513  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
DOTSON, JAMES W.  
4471 NW 36TH ST.  
#225  
MIAMI SPRINGS FL

10. Name and Address of New Registered Agent  
81 Name David M. McDonald, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) c/o McDonald & McDonald  
83 1393 S. W. 1st St., Suite 200  
84 City Miami FL 85 Zip Code 33135

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 *David M. McDonald* David M. McDonald March 25, 1996  
Signature typed or printed name of registered agent (Block 12) or address (Block 13) (Printed Name of Agent Subject to Inspection and Recordation)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME SANDRI, DAVID  
STREET ADDRESS 3950 NW 64TH AVE.  
CITY-ST-ZIP VIRGINIA GARDENS FL  
TITLE DT  
NAME SANDRI, MARLI M.  
STREET ADDRESS 3950 NW 64TH AVE.  
CITY-ST-ZIP VIRGINIA GARDENS FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marli M. Sandri* Marli M. Sandri 4-11-96 (305) 594-9175  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)