

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N25133

(2)

1. Corporation Name

UNI-GROUP USA, INC.



Principal Place of Business

Mailing Address

4362 NORTHLAKE BLVD., SUITE 207  
PALM BEACH GARDENS FL 33410  
US

4362 NORTHLAKE BLVD. SUITE 207  
PALM BEACH GARDENS FL 33410  
US

3. Date Incorporated or Qualified

02/18/1988

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0107002

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

10. Name and Address of New Registered Agent

CIKLIN, ALAN J.  
NORTHBRIDGE TOWER I, 19TH FLOOR  
515 NORTH FLAGLER DRIVE  
W. PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE  
NAME HALITOV, GREGORY  
STREET ADDRESS 7167 INTERPACE RD.  
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE VD ☐ Change ☒ Addition  
1.2 NAME Dale Kirchner  
1.3 STREET ADDRESS 12901 St. Charles Rock Rd.  
1.4 CITY-ST-ZIP Bridge ton, MO 63044

TITLE STD ☐ DELETE  
NAME STREETER, CHERYL  
STREET ADDRESS 601 NE. PAVESTONE DRIVE  
CITY-ST-ZIP LEE'S SUMMIT MO

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME JONES, HUGH  
STREET ADDRESS 2405 N.E. 244TH AVENUE  
CITY-ST-ZIP WOOD VILLAGE OR

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dale Kirchner* DALE KIRCHNER

4-30-96

(314) 291-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)