2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003
Secretary of State

DOCUMENT# P00000075868

Entity Name: ULLIX, INC.

Current Principal Place of Business:

3970 NW 132 ST
A
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

3970 NW 132 ST
A
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-1031436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORR, ULRIKE
3970 NW 132 ST
A
OPA LOCKA, FL 33054

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: ULRIKE, PORR
Address: 3970 NW 132 ST #A
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPS ( ) Delete
Name: CHRISTIAN, POCCARD
Address: 1250 LINCOLN RD $406
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: ULRIKE, PORR
Address: 3970 NW 132 ST #A
City-St-Zip: OPA LOCKA, FL 33054

Title: VPS (X) Change ( ) Addition
Name: GELPI, SILVANA
Address: 4079 PINEWOOD LANE
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULRIKE PORR PT 04/04/2003

Electronic Signature of Signing Officer or Director — Date