

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90429 034 \*\*\*150.00

DOCUMENT # P94000075341 (5)

1. Entity Name  
**UNIVERSAL WIRING, INC.**

Principal Place of Business  
**1304 SW 160 Ave**  
**PMB # 212**  
**SUNRISE, FL 33326**

Mailing Address  
**1304 SW 160 Ave**  
**PMB # 212**  
**SUNRISE, FL**  
**33326**

**00057887**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**SAME AS ABOVE**

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number  
**650525083**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Joseph L. Caro**  
**418 Lakeside Cir.**  
**Sunrise, FL 33326**

7. Name and Address of New Registered Agent  
 Name **Melissa Caro**  
 Street Address (P.O. Box Number is Not Acceptable)  
**290 Racquet Club Rd #105**  
 City **Weston** FL **33326**

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.

SIGNATURE  **Melissa Caro, President** **4/21/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE <b>President</b>	<input checked="" type="checkbox"/> Delete
NAME <b>Joseph L. Caro</b>	
STREET ADDRESS <b>418 Lakeside Cir</b>	
CITY-ST-ZIP <b>SUNRISE, FL 33326</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> Delete
NAME <b>Martha B. Caro</b>	
STREET ADDRESS <b>418 Lakeside Cir.</b>	
CITY-ST-ZIP <b>Sunrise, FL 33326</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Melissa Caro</b>	
STREET ADDRESS <b>290 Racquet Club Rd. #105</b>	
CITY-ST-ZIP <b>Weston, FL 33326</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Melissa Caro** **4/21/00 (954) 389-5702**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)