

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

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1. Entity Name
UNIWELED PRODUCTS, INC.



Principal Place of Business
2850 RAVENSWOOD RD
FT. LAUDERDALE, FL 33312 US

Mailing Address
2850 RAVENSWOOD RD
FT. LAUDERDALE, FL 33312 US

66005801



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0718311

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEARL, DAVID S
2850 RAVENSWOOD RD.
FT. LAUDERDALE, FL 33312

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PEARL, DOUGLAS B
STREET ADDRESS	2850 RAVENSWOOD ROAD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	P
NAME	PEARL, DAVID S
STREET ADDRESS	2850 RAVENSWOOD ROAD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	V
NAME	PEARL II, DAVID S II
STREET ADDRESS	2850 RAVENSWOOD ROAD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	FINEBERG, LIBO B
STREET ADDRESS	2850 RAVENSWOOD ROAD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David S. Pearl II* **DAVID S. PEARL II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08
Date

954-5842000
Daytime Phone #