## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

UNIVERSAL SHIPPING CO.

1. Corporation Name

DOCUMENT # **F94438** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90001 012 \*\*\*150.00

Principal Place of Business Mailing Address					I ISELION IN B. INTIN STORES IN STORES IN STORES		251 61511 1661	
2450 SW 137TH AVE. SUITE S-221 MIAMI FL 33175 US		C/O MARCIA CABALLERO 2450 SW 137TH AVE. S-221 MIAMI FL 33175 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/12/1982			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21	26				59-2222334	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & Stat		City & State	·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr		8. This corporation owes the current year Intang		□No	
24	25	29 30			Personal Property Tax.  10. Name and Address of New Registered Age			
Name and Address of Current Registered Agent				31 Name	10. Name and Address of New Registered Ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CABALLERO, MARCIA B. 2450 S.W. 137 AVE.,STE.221 MIAMI FL 33175  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authorized to the state of Florida.			, the abo	33 City	corporation submits this statement for the purpose of charge	nging its r	ode ; , registered istered	
agent. I a SIGNATURE	ım familiar with, and accept the oblig	gations of, Section 607.0505, Florida	a Statut	es.				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A					equired when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE		, L	] Change	☐ Addition (	
NAME	ZAMOYSKI, K		1.2 NAN	KE.			Ì	
STREET ADDRESS	1 10000 0 11 0 111 0 11100	1.3		EET ADDRESS				
CITY-ST-ZIP	MIAMI FL		-	'-ST-ZIP		Change	Addition	
TITLE	VS	☐ DELETE	2.1 TITL	E	L	_ Change	Addition }	
NAME	ZAMOYSKI, JANINA	•	2.2 NAN	E				
STREET ADDRESS	20125 1002 011 0111221		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	1111 1111 1111 1111 1111 1111			Y-ST-ZIP		7 Chases	Addition	
TITLE		☐ DELETE	3.1 TITL	ε	, , , ,	] Change	☐ Addition	
NAME			3.2 NAN	Æ			1	
STREET ADDRESS			3.3 STR	EET ADDRESS				

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 achment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

PRES.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TTTLE

6.2 NAME

☐ DELETE

□ DELETE

☐ DELETE

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

ZK ZAMOYSKI OFFICER OR DIRECTOR

03-05-99 Date

Change

Change

Change

☐ Addition

☐ Addition

Addition