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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H77326

Mailing Address

UNIVERSAL AUTO UPHOLSTERY, INC.

FILED	
Jun 24 1997 8:00an	n
Secretary of State	

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4897 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351-4512				4897 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351-4512										
									Date Incorporated of 09/23/1985	or Qualified		ate of Last R 114/1996	leport	
2. Principal Place of Business 2a. Mailing Address				g Address				4.	FEI Number			A	oplied For	
21		26	26					59-2583632			No	ot Applicable		
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				5.	Certificate of Status	Desired	\$8.75 Additional Fee Required			
City & State	е		City & State					Election Campaign I	Financing			May Be		
23		28	h					Trust Fund Contribu	-			to Fees		
Zip	Country Zip			Zip Country			8.	This cornoration has	s liability for	intangible				
24	25 29 30						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No							
	9. Name a	nd Address of Curre		gent						Address of New Registered Agent				
RiZk	KALLA, NEMI	RG				81	Name							
	7 N UNIVERS					82	Street Ad	drose (P	P.O. Box Number is N	Int Accental	lolo)			
	DERHILL FL					02	Oli CCI MO	1) 889101	.O. DOX NUMBER IS I	ioi Accepta	olej			
-					ľ	83								
						64						7257 7	0.4.	
						84	City				FL	85 Zip	Code	
11. Pursuant to office or reagent. I as	to the provisio egistered agei im familiar with	ns of Sections 607.05 nt, or both, in the Stat , and accept the oblig	02 and 607,1508 e of Florida. Suc gations of, Sectio	3, Florida Statut h change was a on 607.0505, Flo	es, the ab authorized orida Stati	ove d by utes	rnamed co the corpor	orporation ration's b	n submits this statem poard of directors. I h	nent for the pereby acce	ourpose o pt the app	f changing it pointment as	ls registered registered	
SIGNATURE														
	Signature, typed or	printed name of registered as		ole. (NOT		l Agei	nt signature rec				DATE			
12.	AAR	OFFICERS AF	ND DIRECTORS	T Berese	13.				ADDITIONS/CHANGE	S TO OFFIC	CERS AND			
TITLE	1 1 4 4				1.1 111						☐ Change	☐ Addition		
NAME	RIZKALLA, NEMRG													
STREET ADDRESS						REET.	ADDRESS							
CITY-ST-ZIP	LAUDERHI	<u>u fl</u>	·		1.4 CIT		T - ZIP						 _	
TITLE				☐ DELETE	2.1 TH							L Change	L_ Addition	
NAME	22				2.2 NA									
STREET ADDRESS	238					REET.	ADDRESS							
CITY-ST-ZIP						TY-S	1 - ZIP			··				
TITLE				DELETE	3.1 TIT	LE						☐ Change	Addition	
NAME					3.2 NA	ME								
STREET ADDRESS					3.3 S T	REET.	ADDRESS							
CITY-ST-ZIP					3.4. CI	IY-S	1-2IP		·					
TITLE				DELETE	4.1 1 1	LE						☐ Change	Addition	
NAME					4. 2 N/	AME								
STREET ADDRESS					4.3 ST	REET	ADDRESS							
CITY-ST-ZIP					4.4 CI1	[Y - \$1	T- ZIP							
TITLE				DEFELE	5.1 111	LE						☐ Change	Addition	
NAME					5.2 NA	ME								
STREET ADDRESS					5.3 S1	REET.	ADDRESS							
CITY-ST-ZIP					5.4 CIT	IY-\$1	1 - ZIP							
TITLE		•		DELETÉ	6.1 7(1				<u>-</u>			Change	Addition	
NAME					6.2 NA	ME			4					
STREET ADDRESS					6.3 ST	REE1.	ADDRESS							
CITY-ST-ZIP	e/				6.4 CIT		- 1							
OUT OF ER	·				0.7 011									

14. I do 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 logal 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 12 or Block 13 if changed, or on an attachment with an address.