FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91180 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16478

90129909

1. Entity Name
UNIVERSAL WAREHOUSE AND DISTRIBUTION SERVICES, INC.

Principal Place of Business
3400 MCINTOSH ROAD, #A3
FORT LAUDERDALE, FL 33316

Mailing Address
P.O. BOX 22430
FORT LAUDERDALE, FL 33335

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2802684 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BATALINI, JAMES F
3400 MCINTOSH ROAD
#A3
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
Name: BatALINI Joseph J
Street Address (P.O. Box Number Is Not Acceptable): 3400 McIntosh Rd. #A3
City: Ft. Lauderdale FL Zip Code 33316

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: Joseph J BAtALINI President [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARALINI, JOSEPH J 3400 MCINTOSH ROAD, #A3 FORT LAUDERDALE, FL 33316	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BATALINI Joseph J. 3400 McIntosh Rd. #A3 Fort Lauderdale FL 33316	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Joseph Batalini 4/30/03 954-522-1585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (10/02)