LE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE:

SIGNATURE AND IX

K32072

(6)

1. Corporation Name
U & C 18, INC

Mailing Address Principal Place of Business 2832 NE 21ST COURT 126 DUVAL STREET FT. LAUDERDALE FL 33306 KEY WEST FL 33040 HS 3a. Date of Last Report 3. Date Incorporated or Qualified 08/30/1988 04/28/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0098711 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) PARIS, PETER P. 82 2832 NE 21ST COURT 83 FT LAUDERDALE FL 33305 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE CR2E034 (12/95) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition ☐ DELETE 1 1 TITLE THILE 1.2 NAME D'JAMAL, SHLOMO NAME 209 S ATLANTIC BLVD 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.179TLE PSD TITLE ITTAH, CHARLIE 2.2 NAME NAME **3702 DONALD AVENUE** 23 STREET ADDRESS STREET ADDRESS **KEY WEST FL** 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TIFLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST-ZIP CITY-ST-ZIP Addition [] Change DELETE 5 1 TIFLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change [] DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify to the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the corporation or the cover 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 alternative and other sections. 6 4 CITY - ST- ZIP

HARLES ITTAN