2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L31867

1. Entity Name UCH CO.



FILED Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90066 044 ***150.00

Principal Place of Business

17720 NORTH BAY ROAD 12B

N MIAMI BEACH, FL 33160

Mailing Address

17720 NORTH BAY ROAD

12B

DO NOT WRITE IN THIS SPACE

NORTH MIAMI BEACH, FL 33160



03022008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0186600

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPLIK, YULY 17720 N BAY ROAD #12 B N MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	red office or regist	tered agent, or both, in the Sta	ite of Florida. I am familiar with, and a	accept
SIGNATURE_			,		· · · · · · · · · · · · · · · · · · ·	_
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Register	ed Agent signature requi	ired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE	VP					,
NAME	IGOR CHAPLIK		ν.	• •		
STREET ADDRESS	17720 NORTH BAY ROAD #12B			1		
CITY-ST-ZIP	N MIAMI BEACH, FL		•	•		
TITLE	PD			•	Section 1985	٠.
NAME	CHAPLIK, YULY			• ;		
STREET ADDRESS	17220 N BAY RD, SUITE 12-B					
CITY-ST-ZIP	N MIAMI BEACH, FL 33160				••	
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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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #