

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M32557

1. Entity Name
ULGM, INC.



Principal Place of Business
C/O T. WILLARD FAIR
8500 N.W. 25 AVE.
MIAMI, FL 33147

Mailing Address
C/O T. WILLARD FAIR
8500 N.W. 25 AVE.
MIAMI, FL 33147

FILED

06 MAY -1 PM 2:36

SECRET
TALLAHASSEE, FLORIDA



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205606	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIR, T. WILLARD
8500 N.W. 25 AVE.
MIAMI, FL 33147

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAIR, T. WILLARD 8500 N.W. 25 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, MICHAEL 8500 NW 25 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BRENDA 8500 NW 25TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

400075074174
05/23/06--01010--003 **213.75

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TALMADGE W. FAIR

04/19/06 (305) 696-4450