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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

ULTRA-U INTERNATIONAL, INC.

SIGNATURE

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90020 021 ***150.00



Principal Plac	e or Business	Mailing Address				-'	
P.O. BOX 8760 CORAL SPRING		P.O. BOX 8760 CORAL SPRINGS FL 33075			DO NOT WRITE IN T	HE SBACE	
US	1				DO NOT WRITE IN THE	113 SPACE	· ·
•					3. Date incorporated or Qualifed	•	· 1
					08/04/1988		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21		26			59-2906711	No	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
─ ─	•	27			5. Certifcate of Status Desired	Fee Re	equired
22 City & Stat		City & State			6. Election Campaign Financing	\$5.00	Mari Da
- '		⊢ '	•		Trust Fund Contribution		to Fees
23	The Hard Constant	28	Country				10 1 000
Zip				8. This corporation owes the current year Intangible Personal Property Tax.			
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	9. Name and Address of Current	Registered Agent		A.	10. Name and Address of New Register	ed Agent	
	** 12" NEW 17 18"	ŝ	81	Name			
	LER, PHILLIP		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		-
9339	9 W SAMPLE RD			Clidotiida	8 MM . 1 & C / C / C / C / C / C / C / C / C / C	es califica a ser	
COR	RAL SPGS FL 33065		83		28. 4. 1. 1. 1. 1. 2. 1.	PERMIT !	觀鏡影響
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	- ·		84	City	Titorio e strance e transference e se	85 Zip €	Code
<u> </u>	and the state of t						
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes of Florida, Such change was aut	, the above	e-named corp the comoration	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	e or cnanging its pointment as re	registered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes.		<u></u>	•	Ĭ. [
SIGNATURE	1					•	. 1
SIGNATURE	Signature, typed or printed name of registered agent				ed when reinstating) DATE		
	Signature, types or printed riting or registered agent	and title if applicable. (NOTE: R	egistered Agen	t signature require	ed when reinstating) DATE		
12.	OFFICERS AND		egistered Agen	t signature require	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.				t signature require			ORS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment pint an address, with all other like empowered.