

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022059

1. Entity Name

ACRYLIC UNIVERSE, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90015 041 ***150.00

Principal Place of Business

5035 NORTHWEST 188TH STREET
MIAMI FL 33055

Mailing Address

5035 NORTHWEST 188TH STREET
MIAMI FL 33055

2. Principal Place of Business

5419 NW 163 St.

Suite, Apt. #, etc.

3. Mailing Address

5419 NW 163 St.

Suite, Apt. #, etc.

City & State

Hialeah, FL. 33014

Zip
33014

Country
USA

City & State

Hialeah, FL. 33014

Zip
33014

Country
USA

4. FEI Number

05-0987086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Solangel Ulfe

Solangel Ulfe

4-16-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OPAZO, LINDAURA F
STREET ADDRESS 5035 NORTHWEST 188TH STREET
CITY-ST-ZIP MIAMI FL 33055

TITLE PD ☒ Change ☐ Addition
NAME Opazo, Lindaaura F
STREET ADDRESS 5419 NW 163 St.
CITY-ST-ZIP Hialeah, FL. 33014

TITLE VD ☐ Delete
NAME ULFE, JOSE JR.
STREET ADDRESS 5035 NORTHWEST 188TH STREET
CITY-ST-ZIP MIAMI FL 33055

TITLE VD ☒ Change ☐ Addition
NAME Ulfe, Jose Jr.
STREET ADDRESS 5419 NW 163 St.
CITY-ST-ZIP Hialeah, FL. 33014

TITLE SD ☐ Delete
NAME ULFE, SOLANGEL
STREET ADDRESS 5035 NORTHWEST 188TH STREET
CITY-ST-ZIP MIAMI FL 33055

TITLE D ☒ Change ☐ Addition
NAME Ulfe, Solangel
STREET ADDRESS 5419 NW 163 St.
CITY-ST-ZIP Hialeah, FL. 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Opazo, Ricardo
STREET ADDRESS 5419 NW 163 St.
CITY-ST-ZIP Hialeah, FL. 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Savage, James
STREET ADDRESS 5419, NW 163 St.
CITY-ST-ZIP Hialeah, FL. 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Solangel Ulfe

Solangel Ulfe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

305-620-1113

Daytime Phone #

CR2E034 (10/00)