

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076571

1. Entity Name

U.A.L.M. INVESTMENTS CORP

Principal Place of Business

Mailing Address

20530 NE 19th AVE
N. MIAMI BEACH, FL 33179

2. Principal Place of Business

3. Mailing Address

20530 NE 19th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. MIAMI BEACH, FL

Zip

Country

Zip

Country

33179 DADE

4. FEI Number

65-1034770

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

EURON URI
20530 NE 19th AVENUE
NORTH MIAMI BEACH, FL 33179

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 *

URI EURON

9/12/01

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

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
URI EURON
20530 N.E. 19th AVENUE
N. MIAMI BEACH, FL 33179

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

URI EURON 9/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90015 046 ***150.00

DO NOT WRITE IN THIS SPACE

CR/FRM 111001

Attachment
D# P00000076571

U.A.L.M. INVESTMENTS CORP.
20530 NE 19TH AVENUE
N. MIAMI BEACH, FL 33179

September 12, 2001

Department of state
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Corporation renewal

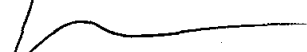
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I incorporated in 2000 and had no idea that a renewal form has to be mailed. I never received the notice and only found out about it when my corporation taxes were being prepared. The penalty will create a hardship for my business and ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2001.

Thank you very much for your help and understanding.

Sincerely,



Uri Evron