

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91366 025 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>P01000051942</i>			
1. Entity Name ULYSSES IMPORTS S.A., Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business ULYSSES IMPORTS S.A., Inc.		3. Mailing Address 8300 N.W. 14 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33126	Country USA	Zip	Country
4. FEI Number 65-1107070		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ULYSSES L. GONZALEZ			
Street Address (P.O. Box Number is Not Acceptable) 252 EAST 55th ST.			
HIALEAH, FLORIDA			
City FL Zip Code 33013			
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: ULYSSES L. GONZALEZ, President		DATE: 4/23/03	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		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	PRESIDENT ULYSSES LU GONZALEZ 252 E. 55th ST. HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAVIER AMARO VICE PRESIDENT 375 W. 68th ST. HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: U. L. GONZALEZ, President		DATE: 4/23/03 786 586 1422	

CR2E0348 (12/02)