

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90321 027 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000056685 1. Entity Name UNIVERSAL MARKET, INC.		 90114374
Principal Place of Business 16646 SADDLE CLUB ROAD WESTON, FL 33326		Mailing Address 16646 SADDLE CLUB ROAD WESTON, FL 33326
2. Principal Place of Business <i>16668 Saddle Club Rd</i>	3. Mailing Address <i>16668 Saddle Club Rd</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc.
City & State <i>Weston, FL</i>	City & State <i>Weston, FL</i>	
Zip <i>33326</i>	Country <i>USA</i>	Zip <i>33326</i>
Country <i>USA</i>		4. FEI Number 65-1112659
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent GONZALEZ, DON ESQ. 8050 PINES BLVD. SUITE 450-F PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
A. 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 submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, HERMAN 16646 SADDLE CLUB ROAD WESTON, FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTRO, CARLOS 16646 SADDLE CLUB ROAD WESTON, FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTRO, IVAN 16646 SADDLE CLUB ROAD WESTON, FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Herman Castro President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-24-03 (954) 3858252 Date Displayed Phone #

CH2334 (10/02)