

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90097 029 \*\*\*150.00

0022124 AV

**DOCUMENT # P01000101154**

1. Entity Name  
**ULTIMATE TRIM & TEXTILES, INC.**



Principal Place of Business  
**4380 EAST 11<sup>TH</sup> AVE  
HIALEAH FL 33013**

Mailing Address  
**4380 EAST 11<sup>TH</sup> AVE  
HIALEAH FL 33013**

2. Principal Place of Business

**5590 NW 163<sup>RD</sup> ST**

3. Mailing Address

**5590 NW 163<sup>RD</sup> ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number **65-1149760**

Applied For

Not Applicable

Zip

Country

**33014**

**USA**

Zip

**33014**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BERKOWITZ, RICHARD A  
ONE SE THIRD AVE 15TH FLOOR  
MIAMI FL 33131**

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
NAME **NOVICK, LORI L**  
STREET ADDRESS **4380 E 11TH AVE**  
CITY-ST-ZIP **HIALEAH FL 33013**  
**5590 NW 163<sup>RD</sup> ST**  
**Miami, FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/03**

**305-345-6121**

CR2E034 (4/03)

Attachment

10110505  
# P01000101154

# MEMO FROM

LORI NOVICK

7/21/03

To Whom it May Concern,

Please be advised that this is the first form I have received for 2003. Therefore, I am sending in payment of \$150 as was the amount last year.

Thank you.

Lori Novick  
Ultimate Trim + Textile