

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90026 042 ***150.00

DOCUMENT # P01000117522

1. Entity Name
UNIVERSAL TRADING ASSOCIATES, INC.

Principal Place of Business

**36 NE 1ST STREET
 SUITE 1020
 MIAMI FL 33132**

Mailing Address

**36 NE 1ST STREET
 SUITE 1020
 MIAMI FL 33132**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

60-0000-630

Applied For

Not-Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AREANNE L. BREEDLOVE, C.P.A., P.A.
 1145 101 STREET
 #3
 BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

Name **Oren Manelis**
 Street Address (P.O. Box Number is Not Acceptable) **2065 NE 198 Terrace**
 City **No. Miami Beach** FL **33179**

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 *[Signature]* **Oren Manelis** **4/18/2002**
 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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMINERO, CARLOS	
STREET ADDRESS	36 NE 1ST STREET, # 1020	
CITY-ST-ZIP	MIAMI FL 33132-249	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANELIS, YGAL	
STREET ADDRESS	1841 NE 196 STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANELIS, OREN	
STREET ADDRESS	2065 NE 198 TERRACE	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* **Oren Manelis** **4/18/2002** **372-3979**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)