

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 050 ***150.00

DOCUMENT # P02000105164

1. Entity Name
UNIVERSAL WATCH REPAIRS, INC.



Principal Place of Business

Mailing Address

~~45 S.W. 77 AVE~~
~~MIAMI FL 33144~~

~~45 S.W. 77 AVE~~
~~MIAMI FL 33144~~

2. Principal Place of Business

3. Mailing Address

4000 SW 57 Ave.

4000 SW 57 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
54-2076354

Applied For
Not Applicable

Zip
33155

Country
USA

Zip
33155

Country
USA

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

JUSTO, RICARDO L

~~45 S.W. 77 AVE~~

~~MIAMI FL 33144~~

Name

Street Address (P.O. Box Number is Not Acceptable)

4000 SW 57 Ave.

City
Miami

FL

Zip Code
33155

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.

Ricardo Justo, Pres.

SIGNATURE

8/8/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
JUSTO, RICARDO L
~~45 S.W. 77 AVE~~
~~MIAMI FL 33144~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4000 SW 57 Ave
4000 SW 57 Ave.
Miami, FL 33155

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

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☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03 (305) 663-9979

CR2E034 (4/03)

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