

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 004 ***150.00

0354656 AV

DOCUMENT # P02000110135

1. Entity Name
UNIVERSAL WHOLESALE OF SOUTH FLORIDA INC.



Principal Place of Business
**1344 NW 80 TERRACE B-23
PLANTATION FL 33322**

Mailing Address
**1344 NW 80 TERRACE B-23
PLANTATION FL 33322**

11041197



2. Principal Place of Business

3. Mailing Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 207-B

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32819

USA

4. FEI Number

04-3745557

Applied For

Not Applicable

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

**CORPORATE CREATIONS NETWORK, INC
941 4TH STREET
MIAMI BEACH FL 33139**

Name

J.A.O. SERVICES INC.

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

7802 KINGSPOINTE PARKWAY STE 207-B

City

ORLANDO

FL

Zip Code

32819

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

04/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	D SHEIKHA, SULEIMAN F 1344 NW 80 TERRACE B-23 PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

Daytime Phone #

CR2E034 (10/02)