

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

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90069 003 ***150.00

DOCUMENT # *P03000048123*

1. Entity Name

Universal Accessories Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6985 NW 50 St.

3. Mailing Address

8360 W. Flagler St.

54068198

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number

90-0089292

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

33144

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLOS I. POL

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

6985 NW 50 Street

City

MIAMI

FL

Zip Code

33146

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]

Signature, typed or printed name of registered agent and title if applicable.

R/A

(NOTE: Registered Agent signature required when reinstating)

7/19/04

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CARLOS I. POL
6985 NW 50 Street
MIAMI, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04 *(305) 225-1492*
Date Daytime Phone #

CR2E034B (12/01)

Attachment 54068198
Doc # 103000048123
CPA

MANNY G. SOTO, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
FORMER IRS AGENT

MEMBER, AMERICAN INSTITUTE CPA's, CACPA's, NSA

8360 W. Flagler Street., Suite 206
Miami, FL 33144
Ph: 305-225-1592
Ph: 305-225-1492
Fax: 305-225-8502

August 9, 2004

Florida Dept of State
Division of Corporations

Dear Florida Dept of State:

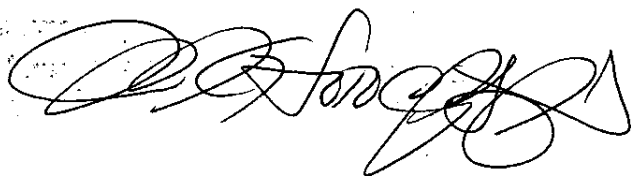
This letter is being written in response to your notice of intent to dissolve
UNIVERSAL ACCESSORIES INC for the year 2004
the mailing address 6985 NW 50 STREET/ MIAMI/ FL/ 33166.

The taxpayer became aware of this as a result of having received this notice.
She never received the original UBR for 2004.

We are asking for a waiver of the additional \$400.00 fee since the taxpayer did not
receive the original notice to file UBR for 2004.

We are enclosing the UBR for 2004 along with a check for \$150.00

RESPECTFULLY SUBMITTED



MANNY G SOTO CPA PA