

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

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT #	P05000005499
1. Entity Name	
UNIVERSAL HOOD TECH INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12843 SW 45 TR		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33175			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-2160323	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BALUJA, JOSE A
Street Address (P.O. Box Number is Not Acceptable)
12843 SW 45 TR
City
MIAMI
FL
Zip Code
33175

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 *Jose A. Baluja* **JOSE A BALUJA** **4/10/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALUJA, JOSE A
STREET ADDRESS	12843 SW 45 TR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Jose A. Baluja* **JOSE A BALUJA, PRESIDENT** **4/10/2006** **(305) 687-7099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**