

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000099117

1. Entity Name
M & R UNIVERSAL IMPORTS, INC.



Principal Place of Business
120 S OLIVE AVE., SUITE 401
WEST PALM BEACH, FL 33401

Mailing Address
120 S OLIVE AVE., SUITE 401
WEST PALM BEACH, FL 33401

FILED
Jun 19, 2008 08:00 AM
Secretary of State



06162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REYNOLDS, JOHN H ESQ.
120 S OLIVE AVE., SUITE 401
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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

6-16-08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | P |
| NAME | MCGREGOR, ROGER |
| STREET ADDRESS | 120 S OLIVE AVE., SUITE 401 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | S |
| NAME | REYNOLDS, JOHN H |
| STREET ADDRESS | 120 S OLIVE AVE., SUITE 401 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000953258

06/19/08-80001-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-08

Date

(562) 683-1033

Daytime Phone #