

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90068 035 ***150.00

DOCUMENT # P92000006059

1. Corporation Name

UNIVERSAL LIQUORS IMPORTS, CORP.

Principal Place of Business

4800 ORDUNA DR
CORAL GABLES FL 33146
US

Mailing Address

4800 ORDUNA DR
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1992

4. FEI Number

65-0384813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2617 SEGOVIA AVE

2a. Mailing Address

26 2617 SEGOVIA AVE

Suite, Apt. #, etc.

22 #DOWN

Suite, Apt. #, etc.

27 #DOWN

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

ARREGUI, RICARDO
4800 ORDUNA DR
STE. 627
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

ARREGUI, RICARDO

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

2617 SEGOVIA AVE

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

RICARDO ARREGUI

4/25/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME ARREGUI, RICARDO
STREET ADDRESS 4800 ORDUNA DR
CITY-ST-ZIP CORAL GABLES FL

TITLE S
NAME ARREGUI, OLGA
STREET ADDRESS 4800 ORDUNA DR
CITY-ST-ZIP CORAL GABLES FL

TITLE VPT
NAME ARREGUI, RICARDO J
STREET ADDRESS 4800 ORDUNA DR
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE P
1.2 NAME ARREGUI, RICARDO
1.3 STREET ADDRESS 2617 SEGOVIA AVE
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE S
2.2 NAME ARREGUI, OLGA
2.3 STREET ADDRESS 1470 CECILIA AVE
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

3.1 TITLE VPT
3.2 NAME ARREGUI, RICARDO A.
3.3 STREET ADDRESS 1470 CECILIA
3.4 CITY-ST-ZIP CORAL GABLES, FL 33134

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

RICARDO ARREGUI

4/25/99

3705

445-7376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)