

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90037 040 \*\*\*150.00

0162251

**DOCUMENT # P92000006059**

1. Entity Name

**UNIVERSAL LIQUORS IMPORTS, CORP.**

Principal Place of Business

**2617 SEGOVIA AVE  
 CORAL GABLES FL 33134  
 US**

Mailing Address

**2617 SEGOVIA AVE  
 CORAL GABLES FL 33134  
 US**

2. Principal Place of Business

**2150 Coral Way  
 Suite, Apt. #, etc.  
 8th Floor**

3. Mailing Address

**1470 CECILIA AVE.  
 Suite, Apt. #, etc.**

City & State

**MIAMI, FL. 33145**

City & State

**CORAL GABLES, FL.**

Zip

**33145**

Country

**USA**

Zip

**33146**

Country

**USA**

4. FEI Number

**65-0384813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ARREGUI, RICARDO  
 2617 SEGOVIA AVE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

**RICARDO ARREGUI  
 Street Address (P.O. Box Number is Not Acceptable)  
 1470 CECILIA AVE.**

City

**CORAL GABLES**

**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]*

**4/25/01**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ARREGUI, RICARDO</b>	
STREET ADDRESS	<b>2617 SEGOVIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ARREGUI, OLGA</b>	
STREET ADDRESS	<b>1470 CECILIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARREGUI, RICARDO J</b>	
STREET ADDRESS	<b>1470 CECILIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARREGUI, RICARDO</b>	
STREET ADDRESS	<b>1470 CECILIA AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL. 33146</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARREGUI, OLGA</b>	
STREET ADDRESS	<b>1470 CECILIA AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL. 33146</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARREGUI, RICHARD M.</b>	
STREET ADDRESS	<b>2701 SEGOVIA AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL.</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of 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 Block 12 if changed, 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

**4/25/01**

Date

**305-854-0042**

Daytime Phone #

CR2E034 (10/00)