

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000006059

1. Entity Name
UNIVERSAL LIQUORS IMPORTS, CORP.



Principal Place of Business
2307 DOUGLAS RD
8TH 200
MIAMI, FL 33145 US

Mailing Address
1470 CECILIA AVENUE
CORAL GABLES, FL 33146 US



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
2307 DOUGLAS RD
MIAMI, FL 33145

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000634076
02/21/07-80091-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARREGUI, RICARDO
STREET ADDRESS	1470 CECILIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	S
NAME	ARREGUI, OLGA
STREET ADDRESS	1470 CECILIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPT
NAME	ARREGUI, RICARDO J
STREET ADDRESS	2205 SW 28 ST
CITY-ST-ZIP	COCONUT GROVE, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

2/7/07 305-648-1616

Date

Daytime Phone #