2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

UNIVERSAL DUTY FREE INC.

Principal Place of Business

101 S-STATE ROAD 7 SUITE 201

HOLLYWOOD FL 33023-6736

Mailing Address

101 S STATE ROAD 7

SUITE 201

HOLLYWOOD FL 33023-6736

FILED
May 10, 2002 8:00 am g
Secretary of State

05-10-2002 90047 045 ***150.00

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2. Principal Place of Business		3. Mailing Address			1 (881/881 210 181/) 81811 881() 881() 881()			}	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State		4.	4. FEI Number 65-0518641			applied For Jot Applicable]
Zip	Country	Zip	Country	5.,	Certificate of Status Desired		8.75 Ac	ditional	1
	6. Name and Address of Current Ro	egistered Agent		7. 1	Name and Address of New Registe		•		┨
				Name					
BEN-SHM	Street Addre	Street Address (P.O. Box Number is Not Acceptable)							
101 S ST.									
STE 2	OD SI coop								
HOLLYWOOD FL 33023			City			FL	Zip Coo	de	1
8. The above	named entity submits this statement for t	he purpose of changing its reg	gistered office or regi	stered ag	ent, or both, in the State of Florida.				1
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SIGNATURE _									
	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: Re	gistered Agent signature req	uired when re	einstating) D	ATE			1
*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, 2002 Fee will be \$550.00 Make Check Payable to Department of State		0 State	10. Election Campaign Financing Trust Fund Contribution.	, _		00 May Be od to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND D	DIRECTOR	RS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEN-SHMUEL, LIOR 101 S STATE ROAD 7 STE 2 HOLLYWOOD FL 33023	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			l	Change	Addition	10/0/
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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 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 11 or Block 12 if changed, or on an attachment with an address, with all-ether like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR