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FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000075341 (5)

1. Corporation Name  
UNIVERSAL WIRING, INC.

Principal Place of Business

418 LAKESIDE CIR  
SUNRISE FL 33326

Mailing Address

418 LAKESIDE CIR  
SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

4. FEI Number

65-0525083

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 or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 1304 SW 160 Ave

Suite, Apt. #, etc

22 212

City & State

23 Ft. Lauderdale, FL

Zip

24 33326

Country

25 USA

2a. Mailing Address

26 1304 SW 160 Ave

Suite, Apt. #, etc

27 212

City & State

28 Ft. Laud., FL

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

CARO, JOSEPH L  
418 LAKESIDE CIR  
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
CARO, MATTHEW J  
STREET ADDRESS 418 LAKESIDE CIR  
CITY-ST-ZIP SUNRISE FL 33326

TITLE ☐ DELETE

NAME PD  
CARO, MATTHEW J  
STREET ADDRESS 1529 SAN SELEPNO CIR  
CITY-ST-ZIP WESTON FL

TITLE ☐ DELETE

NAME SD  
CARO, MARTHA B  
STREET ADDRESS 418 LAKESIDE CIRCLE  
CITY-ST-ZIP SUNRISE FL 33326

TITLE ☐ DELETE

NAME T  
CARO, MELISSA  
STREET ADDRESS 295 RACQUET CLUB RD., 105  
CITY-ST-ZIP WESTON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATT CARO 3-3-98 (951)389-5702

CR2E034 (1097)