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 May 05, 1999 8:00 am Secretary of State

05-05-1999 90117 002 ***150.00

DOCUMENT # **P94000075341**

1. Corporation Name

UNIVERSAL WIRING, INC.

Principal Place of Business 1304 SW 160TH AVE 212 212 FT LAUDERDALE FL 33326 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/13/1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt.
1304 SW 160TH AVE 212 21
FT LAUDERDALE FL 33326 US TO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualifed 10/13/1994 2. Principal Place of Business 2a. Mailing Address 2fc 2fc Suite, Apt. #, etc. 2fc City & State 2fc City & State 2fc Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Suite, Agent Added to Fees Trust Fund Contribution Suite Principal Place of Business Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Trust Fund Contribution Added to Fees Trust Fund Contribution Suite, Apt. #, etc. Suite, Apt. #, etc.
US 3. Date Incorporated or Qualifed 10/13/1994 2. Principal Place of Business 2a. Mailing Address 2f
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Applied For 65-0525083 3. Not Applicable 65-0525083 3. Not Applicable 7. Suite, Apt. #, etc. 3. Certifcate of Status Desired 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing 7. Trust Fund Contribution Added to Fees 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 8. This corporation owes the current year Intangible 7. Personal Property Tax. 7. Yes 7. No. 9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name 2.
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. FEI Number 65-0525083 Suite, Apt. #, etc. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State
21 26 65-0525083 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Count
Suite, Apt. #, etc. 22 City & State City & State City & State City & State Country Zip Country State B. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent Statistical Country Statistic
City & State City & State 6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip Country Zip Country Rate of Country 24 25 29 30 Personal Property Tax. Yes ☐ No 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
24 25 29 · 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
CAPO INSERUI
CANO, JUGETTI L
1 110 DAILOIDE OIL
SUNRISE FL 33326
84 City 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 of the corporation of posts of the purpose of changing its registered of the corporation of posts of the corporation of posts of the corporation of the corpor
11. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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; Suer 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 // Humber 1977
Sign fulle, tyled or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
100 St. 100 St
STREET ADDRESS 418 LAKESIDE CIRCLE 13 STREET ADDRESS 229 N. RETCH UK.
CITY-ST-ZIP SUNRISE FL 33326 14 CITY-ST-ZIP SUNRISE, PL 33326
TITLE VD DELETE 2.1 TITLE Change Addition
NAME CARO, MARTHA B 22 NAME
STREET ADDRESS 418 LAKESIDE CIRCLE 2.3 STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP SUNRISE FL 33326 2.4 CITY-ST-ZIP
TITLE SD DELETE 3.1 TITLE Change Addition
NAME CARO, MELISSA 32 NAME
STREET ADDRESS 290 RACQUET CLUB RD., 105 3.3 STREET ADDRESS
CITY-ST-ZIP WESTON FL 3.4.CITY-ST-ZIP Change Addition
The state of the s
NAME 4 2 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITIE DELETE 5.1 TITLE Change _ Addition
GOVANIE .
STREET ADDRESS 5.3 STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP
CHY-S1-2P
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

954-389-5702