

P95000023574

FILED STATE
SECRETARY OF CORPORATIONS
95 MAR 23 PM 2:10

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE #16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

(904) 385-6735

FILED 11-14-24 11:00

03/29/05-01031-009

***122.50 ***122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNIVERSAL TESTING EQUIPMENT, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A. Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

ARTICLES OF INCORPORATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 23 PH 2:10

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

UNIVERSAL TESTING EQUIPMENT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1470 NE. 123RD ST. # 701
N MIAMI FL. 33181.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$ 1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JULIE MOOSA
8399 NW 66 ST # 12
MIAMI, FL. 33166

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

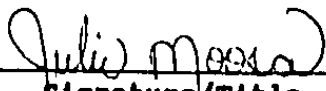
JULIE MYSA-800 NW 66TH STREET # 12 MIAMI, FL. 33166
PRESIDENT-SECRETARY-DIRECTOR
ANDRES MARTINEZ 767 WEST 2 AVENUE # 7, HIALEAH, FL. 33010
VICE PRESIDENT-TRES.-DIRECTOR

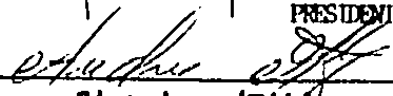
75% SHARES

25% SHARES

The undersigned has(have) executed these Articles of Incorporation
This

22 day of MARCH .19 95



Signature/Title
PRESIDENT


Signature/Title
VICE PRESIDENT

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: UNIVERSAL TESTING EQUIPMENT, INC.

2. The name and address of the registered agent and office is:

JULIE MOOSA

(NAME)

8999 NW 66TH STREET # 12

P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33166

CITY/STATE/ZIP

SIGNATURE

Julie Moosa
(corporate officer)

TITLE

PRESIDENT

DATE 03/22/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Julie Moosa

DATE

03/22/95

P95000023574

Lazarus Corp Ind Inc.
(Requestor's Name)

890 SW 87 Ave #16
(Address)

Miami FL 33124/305/4525973
(City, State, Zip) (Phone #)

200001588172
-09/19/95--01052--040
*****70.00 *****70.00

OFFICE USE ONLY

200001588172
-09/19/95--01052--040
*****70.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNIVERSAL TESTING EQUIPMENT, INC.
(Corporation Name) (Document #)
2. FUTURE TECH EQUIPMENT, INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time 9:00

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☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

RESIGNATION

I, ANDRES MARTINEZ, hereby tender my resignation as Vice President/Treasurer/Director of UNIVERSAL TESTING EQUIPMENT, INC., a Florida Corporation, to take effect immediately.

DATED August 23, 1995



ANDRES MARTINEZ

SWORN TO AND SUBSCRIBED before me this 23rd day of August 1995.

ID produced: Florida License



Notary Public, State of Florida

ISOLINA P. LIABRE
Notary Public, State of Florida
My Comm. Expires Mar. 28, 1998
No. CC 359735
Bonded Thru Official Notary Service

FILED
95 SEP 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95-23574

ADDITIONS TO THE 1996 ANNUAL REPORT FILED 08-15-96

THE 1996 ANNUAL REPORT WAS ORIGINALLY ACCEPTED WITH AN INCORRECT
FEE OF 61.25. THE CORRECT FEE SHOULD HAVE BEEN 233.75, THEREFORE,
THE ATTACHED FEE IS TO MAKE UP THE DIFFERENCE. ANY OVERPAYMENTS
WILL BE REFUNDED ACCORDINGLY.

800002021978--0
-12/06/96--01041--003
****233.75 ****233.75

PS STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND 23574

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred. Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money."

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: UNIVERSAL TESTING EQUIPMENT EIN or SS#: 62-0506149

Address: 8181 NW 30th St., #15
Miami, Fl. 33154

Amount: \$61.25 Date Paid 12-06-96

Reason for claim: Overpayment of annual report filing fees
DOCUMENT NUMBER P95000023574

Certified true and correct this 6 day of December, 19 96.

Signature NO SIGNATURE REQUIRED

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>61.25</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>01041 003</u> dated <u>12-06-96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)