

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91149 006 \*\*\*150.00

DOCUMENT # P95000082321

1. Entity Name

UNIVERSAL LUGGAGE CO. INC.

DO NOT WRITE IN THIS SPACE

90127094

2. Principal Place of Business

5927 VINTAGE OAKS CIR

Suite, Apt. #, etc.

3. Mailing Address

5927 VINTAGE OAKS CIR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DELRAY BCH

City & State  
DELRAY BCH

4. FEI Number  
65-0624364

Applied For  
Not Applicable

Zip Country  
FL 33484

Zip Country  
FL 33484

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
BIALO, WALTER

Street Address (P.O. Box Number is Not Acceptable)  
5927 VINTAGE OAKS CIR

City Zip Code  
DELRAY BCH FL 33484

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
BIALO, WALTER  
5927 VINTAGE OAKS CIR  
DELRAY BCH, FL 33484

TITLE  
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-638-4875

Daytime Phone #

WALTER BIALO

CR2E034B (12/02)