FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90146 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083143

1. Entity Name

UNIVERSAL IMPEX, INC.

15635 S.W. 100TH TERRACE
MIAMI, FL 33196

15635 S.W. 100TH TERRACE
MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15635 S.W. 100TH TERR.	15635 S.W. 100TH TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33196 / Country: US	Zip: 33196 / Country: US

4. FEI Number 65-0783649 ☐ Applied Fo ☐ Not Applic

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

SABNANI, LACHU
15635 S.W. 100TH TERRACE
MIAMI, FL 33196

7. Name and Address of Current Registered Agent

Name: SABNANI, LACHU

Street Address (P.O. Box Number is Not Acceptable): 15635 S.W. 100TH TERR.

City: MIAMI FL Zip Code 33196

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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	SABNANI, LACHU	NAME	
STREET ADDRESS	15635 S.W. 100TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	SABNANI, KALPANA	NAME	
STREET ADDRESS	15635 S.W. 100TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LACHU SABNANI President 4/25/03
Date Daytime Phone #