

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90035 033 ***150.00

DOCUMENT # P99000093697

1. Entity Name

UNIVERSAL SHOPS, INC.

Principal Place of Business

**1950 NW 110 AVE
MIAMI FL 33172**

Mailing Address

**782 NW LE JEUNE RD STE 434
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

5850 W 18 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 102

City & State

City & State

HIALEAH FL

Zip

Country

Zip

Country

33012

MIAMI DADE

4. FEI Number

65-0957118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTONIO R LOPEZ CPA
782 NW LE JEUNE ROAD STE 434
MIAMI FL 33172**

Name

CARLOS S MARTINEZ

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

5850 W 18 LANE APT 102

City

HIALEAH

FL

Zip Code

33012

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

CARLOS MARTINEZ

03/06/01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MARTINEZ, CARLOS S**
STREET ADDRESS **5850 W 19 LANE #102**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5850 W 18 LANE APT 102**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **LIMA, JORGE S**
STREET ADDRESS **140 E 62 STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CARLOS MARTINEZ

03/06/01

(305)629-9877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0144208