

FILED  
Mar 03, 2003 8:00 am  
Secretary of State

02-13-2003 90241 031 \*\*\*150.00

2/1

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000095676

1. Entity Name  
ULIFT INC.



Principal Place of Business  
14820 SW 66 STREET E-4  
MIAMI FL 33186

Mailing Address  
P.O. BOX 333  
GOULDS FL 33170



2. Principal Place of Business

14812 S.W. 140 COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FLA 33186

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0982525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUDZINSKI, DAN  
14820 SW 66 STREET E-4  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Budzinski, Dan

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

14812 S.W. 140 COURT

City

MIAMI, FLA

FL

Zip Code

33186

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

*Dan Budzinski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEB 26 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	PO	<input type="checkbox"/> Delete
NAME	BUDZINSKI, DAN	
STREET ADDRESS	14812 SW 140 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dan Budzinski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 10 2003

DATE

Daytime Phone #

305-258-5660

CP2E034 (10/02)