

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90034 042 \*\*\*150.00

DOCUMENT # 202000098317

1. Entity Name

UNIVERSAL All services



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1393 SW 1ST SUITE 340

3. Mailing Address

PO BOX 441823

Suite, Apt. #, etc.

340

Suite, Apt. #, etc.

City & State

City & State

MIA FL 33135

MIAMI FL

Zip

Country

Zip

Country

33135

USA

33144

4. FEI Number

46-0499084

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIA E MORALES

Street Address (P.O. Box Number is Not Acceptable)  
1393 SW 1ST SUITE 340

MIA

City

FL

Zip Code

33135

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/14/03

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 PRESIDENT  
NAME MARIA E MORALES  
STREET ADDRESS 1393 SW 1ST SUITE 340  
CITY-ST-ZIP MIA FL 33135

TITLE VICE PRESIDENT  
NAME MANUEL CURBATO  
STREET ADDRESS 1135 NW 27 ST  
CITY-ST-ZIP MIA FL 33127

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

Daytime Phone #

CR2E034B (12/02)