

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000048922**

1. Entity Name  
**UNIVERSAL INTERNATIONAL INC.**



Principal Place of Business

**10422 NW 7TH AVE  
MIAMI, FL 33150 US**

Mailing Address

**10422 NW 7TH AVE  
MIAMI, FL 33150 US**

**DO NOT WRITE IN THIS SPACE**



04162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0521301**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KHALANI, ASHIDALI M  
1786 NW 165 AVE  
PEMBROKE PINES, FL 33028**

**DO NOT WRITE  
IN THIS SPACE**

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 renating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000327477  
04/25/05-80039-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BHATTI, MOHAMMAD  
11649 SW 59 COURT  
PEMBROKE PINES, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PARBTANI, SHOUKAT  
5237 NW 105 COURT  
MIAMI, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KHALANI, ASHIQALI  
1786 NW 165 AVENUE  
PEMBROKE PINES, FL 33028**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
VIRANI, ALKARIM A  
15419 NW 14 STREET  
PEMBROKE PINES, FL 33028**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PERBTANI, ANWER ALI  
1293 NW 163 TERRACE  
PEMBROKE PINES, FL 33028**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**ASHIDALI M. KHALANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**XU-P**

**4-21-05**

Date

Daytime Phone #

**751 2929**