2003 FOR PROFIT CORPORATION

P95000086568

Mailing Address 8675 NW 53RD ST.

MIAMI FL 33166

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 109

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

UNIVERSITY NO. 20, INC.

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

8675 NW 53RD ST. **SUITE 109**

MIAMI FL 33166



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90133 008 ***150.00

T A A A A A A A A

CHECK HERE I	F MAKII	NG CHANGES
FEI Number CF 0000404		Applied For
65-0632101		Not Applicable
Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Country

Country

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

4.

5

RAMIREZ, FRED J 10041 PINES BLVD. SUITE C

PEMBROKE PINES FL 33024

City

FL

Zip Code

В.	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, a	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 reinstating)

DATE

\$5.00 May Be

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.

7. Name and Address of New Registered Agent

Added to Fees

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		S IN 11
STREET ADDRESS	D ALVAREZ, MAXIMO 8675 NW 53RD ST., SUITE 109 MIAMI FL 33166	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like

SIGNATURE: