2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9700076353 1. Entity Name UNIVERSAL TRANSCRIPTION SERVICES, INC. 04-30-2001 90334 001 ***150.00 Principal Place of Business Mailing Address 14326 SW 103 STREET 14326 SW 103 STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0779452 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUTIERREZ, MARIA T Street Address (P.O. Box Number is Not Acceptable) 14326 SW 103 STREET MIAMI FL 33186 City Zip Code ea of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) epplicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and ele After MAY 1, 2001 Fee will be \$550.00 do so Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change PD TITLE Delete TITLE **GUTIERREZ, MARIA T** NAME NAME STREET ADDRESS 14326 SW 103 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition Change Detete TITLE **GUTIERREZ, JAIME T** NAME NAME STREET ADDRESS 14326 SW 103 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of fustee 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 addless, with all other ke empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: >

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPES OF PRINTER NAME OR STORED OFFICER OR DIRECTOR

☐ Delete

4/33/0/ (305) 3F6 -/19F

Change

☐ Addition