

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000048583

FILED
Oct 09, 2007
Secretary of State

Entity Name: UNIVERSAL ENVIRONMENTAL SERVICES INC.

Current Principal Place of Business:

2120 SUNSET STRIP
SUNRISE, FL 33313

New Principal Place of Business:

2101 SW SAVAGE BLVD
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

2120 SUNSET STRIP
SUNRISE, FL 33313

New Mailing Address:

2101 SW SAVAGE BLVD
PORT ST LUCIE, FL 34953 US

FEI Number: 65-0843917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISSOON, HARNARINE
2120 SUNSET STRIP
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

COHEN, MAURICE
2101 SW SAVAGE BLVD
PORT ST. LUCIE, FL 34953 US

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.

SIGNATURE: MAURICE COHEN

10/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BISSOON, HARNARINE
Address: 2120 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BISSOON, HARNARINE
Address: 2120 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33316 US

Title: DPST () Change (X) Addition
Name: COHEN, MAURICE
Address: 2101 SW SAVAGE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE COHEN

DPST

10/09/2007

Electronic Signature of Signing Officer or Director

Date