

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90043 001 ***150.00

DOCUMENT # P00000000368

1. Entity Name

UNIVERSAL INSPECTION CORPORATION

Principal Place of Business

1920 E. HALLANDALE BEACH BLVD., STE. 802
HALLANDALE FL 33009

Mailing Address

1920 E. HALLANDALE BEACH BLVD., STE. 802
HALLANDALE FL 33009

2. Principal Place of Business

2875 NE 191st Street

3. Mailing Address

2875 NE 191st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

Miami FL

City & State

Miami FL

Zip

33180

Country

U.S.

Zip

33180

Country

U.S.

4. FEI Number

65-0987219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, TRAVIS L

106 E. COLLEGE AVE., STE. 1200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEIER, BRADLEY I**
STREET ADDRESS **2875 NE 191 ST # 300**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D** ☐ Delete
NAME **LYNCH, JAMES**
STREET ADDRESS **24 VICTORIAN LN.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ Delete
NAME **SLOGOFF, REED J**
STREET ADDRESS **233 S. 6TH ST. APT. 812-H**
CITY-ST-ZIP **PHILADELPHIA PA 19106**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 or trustee 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 address, with authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)