

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556599

Entity Name: UNIVERSITY CAR CARE, INC.**Current Principal Place of Business:**1492 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146**Current Mailing Address:**1492 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146**FEI Number:** 59-1795459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESCOBAR, EDUARDO
401 SW 8TH ST
MIAMI, FL 33130 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PSD
Name	ESCOBAR, MARTA L
Address	3604 SW 57 AVE
City-State-Zip:	MIAMI FL 33155

Title	VP
Name	ESCOBAR, JR, MANUEL A
Address	401 SW 8TH ST
City-State-Zip:	MIAMI FL 33130

Title	VP
Name	ESCOBAR, EDUARDO
Address	401 SW 8TH ST
City-State-Zip:	MIAMI FL 33130

Title	VP
Name	DIAZ, MARTA
Address	401 SW 8TH ST
City-State-Zip:	MIAMI FL 33130

Title	VP
Name	DIAZ, JUAN
Address	401 SW 8TH ST
City-State-Zip:	MIAMI FL 33130

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO ESCOBAR

VP

02/18/2013

Electronic Signature of Signing Officer/Director Detail_____
Date