

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 204617

Entity Name

UNIVERSE INC

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90035 031 ***150.00

Principal Place of Business

Mailing Address

SW 129TH TERR.
FL 33156

5875 SW 129TH TERR.
MIAMI FLA 28604-8233

Principal Place of Business

5298 CR 114

Suite, Apt. #, etc.

3. Mailing Address

20981 Windemere Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wildwood, FL

City & State

Boca Raton, FL

4. FEI Number

59-0821629

Applied For

Not Applicable

Zip

34785

Country

USA

Zip

33428

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERMELL, MAC
5875 S.W. 129TH TERRACE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Sheryl M. Ryan

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

20981 Windemere Lane

Boca Raton

FL

33428

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

Sheryl M. Ryan

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

(NOTE: Registered Agent signature required when reinstating)

4/20/00

Date

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, 2000 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**

OFFICERS AND DIRECTORS

| | | |
|--------------------------------------|---|--|
| LE ME REET ADDRESS Y-ST-ZIP | PD MERMELL, PEGGY 5875 SW 129TH TERRACE MIAMI FL | <input checked="" type="checkbox"/> Delete |
| LE ME REET ADDRESS Y-ST-ZIP | SD MERMELL, MAC 5875 SW 129TH TERRACE MIAMI FL | <input checked="" type="checkbox"/> Delete |
| LE ME REET ADDRESS Y-ST-ZIP | D MILLER, DEBBY M 12200 S.W. 68TH COURT MIAMI FL | <input checked="" type="checkbox"/> Delete |
| LE ME REET ADDRESS Y-ST-ZIP | | <input type="checkbox"/> Delete |
| LE ME REET ADDRESS Y-ST-ZIP | | <input type="checkbox"/> Delete |
| LE ME REET ADDRESS Y-ST-ZIP | | <input type="checkbox"/> Delete |

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Sheryl M. Ryan 20981 Windemere Lane Boca Raton, FL 33428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Stephen T. Ryan 20981 Windemere Lane Boca Raton, FL 33428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 all other like empowered.

SIGNATURE:

Sheryl M. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 561-487-4457

CR2E034 (9/99)