


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90088 031 ***150.00

DOCUMENT # 355384	
1. Entity Name TRAYANN UNIVERSAL CORPORATION	

DO NOT WRITE IN THIS SPACE

90156470

2. Principal Place of Business 7777 PINES BOULEVARD	3. Mailing Address 7777 PINES BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL 33024	City & State PEMBROKE PINES, FL 33024
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1348868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BARNEY LOMBARDI	
	Street Address (P.O. Box Number is Not Acceptable)	
	7777 PINES BLVD	
	City PEMBOKE PINES	FL Zip Code 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO LOMBARDI, BARNEY 641 SW 68 Ave Pembroke Pines, FL 33024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like employees.
SIGNATURE: <u>B. G. H. Pres.</u> 9/10/03 954-989-5242
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>

CR2E034B (12/02)

Attachment

90156470

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TRAYANN UNIVERSAL CORPORATION
7777 PINES BOULEVARD
PEMBROKE PINES, FL 33024

VIA Mail

Florida Department of State
Uniform Business Report
Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

September 10, 2003

Enclosed is our UBR form that we just received in August, we never received the original UBR form.

Attached is a check in the amount of \$150.00 for the 2003 Uniform Business Report.

Regards,


Barney Lombardi
President

Encl