

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90017 035 ***150.00

DOCUMENT # 356420

1. Entity Name

UNIVERSAL HOLDING COMPANY



Principal Place of Business

2665 S BAYSHORE DR.
SUITE 1210
MIAMI FL 33133
US

Mailing Address

2665 S BAYSHORE DR.
SUITE 1210
MIAMI FL 33133
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1304483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EIDELSTEIN, GARY P
2665 S. BAYSHORE DR.
SUITE 908
MIAMI FL 33133

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. 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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME EIDELSTEIN, GARY
STREET ADDRESS 2665 S. BAYSHORE DR., #1210
CITY-ST-ZIP MIAMI FL 33133

TITLE ☒ Change ☐ Addition
NAME 1930 Harrison St., #404
STREET ADDRESS Hollywood, FL 33020
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BALOGH, ROBERT B
STREET ADDRESS 777 ARTHUR GODFREY ROAD STE 400
CITY-ST-ZIP MIAMI FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

4/30/06