

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 361025**

1. Entity Name

UNIVERSITY LAKES, INC.**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90089 045 ***150.00

Principal Place of Business

**701 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131-2822**

Mailing Address

**701 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131-2822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1289332**

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

**PITTS, W. DOUGLAS
701 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131-2822**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	VD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KISLAK, JAY I	701 BRICKELL AVE, SUITE 1400	MIAMI FL						
	ASDV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PITTS, W. DOUGLAS	701 BRICKELL AVE, SUITE 1400	MIAMI FL 33131-2822						
	SV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KURPS, JAMES	701 BRICKELL AVE, SUITE 1400	MIAMI FL 33131-2822						
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VASSILAROS, ELIAS	701 BRICKELL AVE, SUITE 1400	MIAMI FL 33131-2822						
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	COURTELIS, P AN	701 BRICKELL AVE #1400	MIAMI FL						
	T			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PRIDGEN, DOUGLAS H.	701 BRICKELL AVE #1400	MIAMI FL						

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

305-379-8467

Daytime Phone #

CR2E034 (10/00)