


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90089 007 \*\*\*150.00

<b>DOCUMENT # 361025</b>	
1. Entity Name <b>UNIVERSITY LAKES, INC.</b>	

Principal Place of Business <b>701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131-2822</b>	Mailing Address <b>701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131-2822</b>
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2. Principal Place of Business <b>703 Waterford Way</b>	3. Mailing Address <b>703 Waterford Way</b>
Suite, Apt. #, etc. <b>Suite 800</b>	Suite, Apt. #, etc. <b>Suite 800</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33126</b>	Country	Zip <b>33126</b>	Country
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6. Name and Address of Current Registered Agent
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<b>PITTS, W. DOUGLAS 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131-2822</b>
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4. FEI Number <b>59-1289332</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable) <b>703 Waterford Way</b>
<b>Suite 800</b>
City <b>Miami</b>
FL
Zip Code <b>33126</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORTELLIS, KIKI L 701 BRICKELL AVE, SUITE 1400 MIAMI FL 33131-2822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASDV PITTS, W. DOUGLAS 701 BRICKELL AVE, SUITE 1400 MIAMI FL 33131-2822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KURPS, JAMES 701 BRICKELL AVE, SUITE 1400 MIAMI FL 33131-2822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASSILAROS, ELIAS 701 BRICKELL AVE, SUITE 1400 MIAMI FL 33131-2822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIDGEN, DOUGLAS H. 701 BRICKELL AVE #1400 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>703 Waterford Way, Suite 800</b> <b>Miami, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>703 Waterford Way, Suite 800</b> <b>Miami, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>703 Waterford Way, Suite 800</b> <b>Miami, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>703 Waterford Way, Suite 800</b> <b>Miami, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Douglas H. Pridden Treasurer 7/3/04 305-261-4330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #