

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 562395

1. Entity Name

UNIVERSAL LISTING, INC.

Principal Place of Business

6601 N ANDREWS AVE
SUITE 610
FT LAUDERDALE FL 33309
US

Mailing Address

6601 N ANDREWS AVE
SUITE 610
FT LAUDERDALE FL 33309-2133
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

Same

City & State

Same

Zip

Same

Country

Zip

Same

Country

4. FEI Number

59-1986634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITTNEBEN, DEBORAH
1660 NE 38 ST
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

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, 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**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SMALL, H A JR
STREET ADDRESS 4300 N OCEAN BLVD 16K
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE VPD
NAME WITTNEBEN, DEBORAH
STREET ADDRESS 1660 NE 38 ST
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

TITLE
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CITY-ST-ZIP ☐ Change ☐

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00 954-772-8880

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90047 012 ***150.00

C0004189



DO NOT WRITE IN THIS SPACE