2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

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DOCU 1. Entity Nan UNIVISTA	me	# 661 OPMENT COR	170 PORATION.				Secretary of State 04-22-2003 90036 013 ***150.00							
Principal Place 880 NW 72 T PLANTATION	ERRACE	ss	Mailing 880 NV PLANT	<u> </u>	1									
2. Principal F Suite, Apt.	1 Ra	ness nch Roa	d 771	Apt. #, etc.	عالد	20					AKING CHAI		.841 84814 4884	
City & Stat	te SHOO	7L	1 .	State	Hz.			4. FEI Nur	^{mber} 59-197	77955			plied For t Applicable	
Zip 333 :		Country LLA 6. Name and Address of Current I		^{Zip} 33336		Country 45		5. Certificate of Status Desired						╽
880 NW	RD, CALVIN 72 TERRAC 10N FL 33 3	1E. = 77) Wes	Rance Sten Fl	- Road 3330	ما	Street A	ddress (F	P.O. Box Nur	nber is Not Acco	eptable)	FL Zi	p Code		
the obligat	Signature, typed	To printed name of registers	agent and title if applic	har	(d)	/_		when reinstating)	both, in the Stat	4/15	DATE DATE		and accept	J
Make Check		03 Fee will be \$55 o Florida Departm	ent of State						Trust Fund Con			Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PRITCHAI 880 NW J PEANTAT	RD, CALVIN	AND DIRECTOR	S Delete							S AND DIREC		IN 11	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		•		☐ Delete							<u> </u>	iange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 7		☐ Delete		1		**************************************			□ Cr	iange	Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							□ Ct	ange	☐ Addition	
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TITLE Name Street address City-St-Zip				. Delete							□ Ch	ange	☐ Addition	
12. I hereby of indicated of the cor, changed,	certify that the on this repor poration or the or on an atta	e information supplier t or supplemental re ne receiver or trustee achment with an add	d with this filing do port is true and ac empowered to ex ress, with all other	oes not qualify fo courate and that secute this report like empowered	or the exe my signat as requi	mption state ture shall ha	ed in Sec ave the sa pter 607,	ction 119.07(ame legal ef Florida Stati	3)(i), Florida Sta fect as if made utes; and that m	atutes. I furth under oath; t ny name app	er certify that that I am an d ears in Block	the inf officer o	ormation or director Block 11 if	1