

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 682152

1. Entity Name
UNIVERSAL TRANSACTIONS CORPORATION



Principal Place of Business

**8200 NW 93RD ST
MIAMI, FL 33166**

Mailing Address

**8200 NW 93RD ST
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



08182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2050693

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EPSTEIN EDWARD
10598 STONEBRIDGE BLVD.
SUITE 608
BOCA RATON, FL 33498**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
EPSTEIN, ANDREW
103 FOX HEDGE ROAD
SADDLE RIVER, NJ 07458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NAMOFF, ROBERT
8200 NW 93RD ST
MIAMI, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EPSTEIN, LAWRENCE
134 OXFORD DRIVE
TENAFLY, N.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
EPSTEIN, MARK
STONE TOWER DRIVE
ALPINE, N.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NAMOFF, LEON
8200 NW 93RD ST
MIAMI, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
EPSTEIN, STEVEN
311 HIGHWOOD AVENUE
TENAFLY, N.**

U00000171173
08/30/04-80007-015 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04

Date

Daytime Phone #