

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 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**



02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	EPSTEIN, ANDREW
STREET ADDRESS	103 FOX HEDGE ROAD
CITY-ST-ZIP	SADDLE RIVER, NJ 07458
TITLE	VD
NAME	NAMOFF, ROBERT
STREET ADDRESS	8200 NW 93RD ST
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	PD
NAME	EPSTEIN, LAWRENCE
STREET ADDRESS	134 OXFORD DRIVE
CITY-ST-ZIP	TENAFLY, N.
TITLE	TD
NAME	EPSTEIN, MARK
STREET ADDRESS	STONE TOWER DRIVE
CITY-ST-ZIP	ALPINE, N.
TITLE	VD
NAME	NAMOFF, LEON
STREET ADDRESS	8200 NW 93RD ST
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	SD
NAME	EPSTEIN, STEVEN
STREET ADDRESS	311 HIGHWOOD AVENUE
CITY-ST-ZIP	TENAFLY, N.

U00000641820
03/01/07-80015-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #