


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
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	



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2050693	Applied For <input type="checkbox"/> 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, 2008 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.

**DO NOT WRITE
IN THIS SPACE**

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 in 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 # _____