

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000005285

1. Entity Name

UNIVERSAL E-NET CORPORATION

FILED

03 MAY -5 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 BRICKELL AVE.

Suite, Apt. #, etc.

#51-246

City & State

MIAMI, FL

Zip

33131

Country

US

3. Mailing Address

444 BRICKELL AVE.

Suite, Apt. #, etc.

#51-246

City & State

MIAMI, FL

Zip

33131

Country

US

4. FEI Number

65-1144754

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP-S
HENLEY, J.
444 BRICKELL AVE. #51-246
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PANGLE, L.
444 BRICKELL AVE. #51-246
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-AS
ROCHE, L.
444 BRICKELL AVE. #51-246
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROMAN, M.
444 BRICKELL AVE. #51-246
MIAMI, FL 33131

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. ROMAN

04/15/03

Date

(305) 358-4441

Daytime Phone #

CR2E034B (12/01)