

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-05-2005 90109 011 ***150.00

DOCUMENT # F04000003347

1. Entity Name

UNIVERSAL GROUP MULTINATIONAL CORPORATION



Principal Place of Business

321.6TH AVE
NORMANDY BEACH NJ 08739

Mailing Address

321.6TH AVE
NORMANDY BEACH NJ 08739

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 715

Suite, Apt. #, etc.

City & State

NORMANDY BEACH NJ

Zip

08739

Country

USA

4. FEI Number

22-2734728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINCAPIE, HECTOR
8160 SW 210 ST APT 225
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

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

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. 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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete

NAME D'ANDREA, BERNARD
STREET ADDRESS 321 6TH AVE
CITY- ST- ZIP NORMANDY BEACH NJ 08739

TITLE DV ☐ Delete

NAME ZANONI, RONALD
STREET ADDRESS SUTTON DRIVE, P.O. BOX 514
CITY- ST- ZIP NEW VERNON NJ 07976

TITLE VD ☐ Delete

NAME VASQUEZ, JULIAN
STREET ADDRESS 113 CLAREMONT AVE
CITY- ST- ZIP MONTCLAIR NJ 07042

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JULIAN VASQUEZ

04-27-05

7328302332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #