## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G28461 1. Corporation Name

UNIVERSAL I REALTY, INC.

Principal Place of Business	`.	Mailing Address
301 ALMERIA		301 ALMERIA
330	•	330
CORAL GABLES FL 33134		CORAL GABLES FL 33134
110		IIS

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90083 009 \*\*\*150.00



Principal Place of Business Mailing Address			Address					) (MD)(4) (ME) (MD) (M)(6) (M)(6) (M)	1 <b>010</b> Sylüt (161 010)1	AIBII AISTI DIOII	8)2() 6(6)( )88)
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		CORAL G	CORAL GABLES FL 33134			1	. Date Incorporated or Qua				
US	, ,	00					"	03/18/1983			
2 Principal P	lace of Business	2a. Mailir	ng Address				- 4	, FEI Number		Ar	plied For
<b>─</b> ¬ '	idea of Business	26	, , , , , , , , , , , , , , , , , , ,					59-2282451			ot Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additiona				
		27				5.	<ul> <li>Certifcate of Status Desire</li> </ul>	ed ∐	Fee Re	equired	
City & Stat	e		& State			٠.	6	. Election Campaign Finan	cing r	\$5.00	May Bê
23	•	28						Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Cou	ntry		8	. This corporation owes the	current year Ir		_ 1
24	25	29		30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered	Agent				10	). Name and Address of N	ew Registered	1 Agent	
					81	Name					
	EIRA, RAMON R				82	Street /	Address (	P.O. Box Number is Not Ac	ceptable)		
	ALMERIA AVENUE										
	FE #330				83						ļ
COF	RAL GABLES FL 33134-5822				84	City				<b>85</b> Zip	Code
	•				1				FI	L     `	
noffice or r	to the provisions of Sections 607.05t registered agent, or both, in the State im familiar with and accept the obligations of the control of t	of Florida. Suc ations of, Sections	ch change was a on 607.0505, Flo	uthorized orida Stat	t by utes	ine corpo	oration's b	ooard of directors, I hereby	DATE	ointment as re	egistered ·
49	Signature, typed or printed name of registered age	ND DIRECTOR		13.	Agen	n signature re	edulied wileli	ADDITIONS/CHANGES TO		ND DIRECTO	DRS IN 12
TITLE	SPD	ND DIRECTOR	DELETE	1.1 TI	TLE			7,001110110110110110110110110110110110110		Change	Addition
NAME	SILVEIRA, URSULA Q			1.2 N							ļ
STREET ADDRESS	301 ALMERIA AVE #330			138	IRFET	ADDRESS	_				ļ
	CORAL GABLES, FL 00000 33	2124			TY-S						
CITY-ST-ZIP TITLE	VP	ייטוע	DELETE	2.1 TI		,- 2.11		<del>_</del>		☐ Change	Addition
NAME	SILVEIRA, RAMON R		_	2.2 N		ł	}				- 1
STREET ADDRESS		<b>,</b>				ADDRESS					}
	CORAL GABLES FL 33134	,			ITY-S						
CITY-ST-ZIP TITLE	CORAL GABLES I L 30104		☐ DELETE	3.1 TI		,, <u></u>	*. =	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
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CITY-ST-ZIP				1		T-ZIP					
TITLE		<del></del>	☐ DELETE	4.1 Ti			,			☐ Change	☐ Addition
NAME				4.2 N	AME						
STREET ADDRESS	,					TADORESS		•			
CITY-ST-ZIP	1 -			4.3 5	TREET		1	•			I
OTT TO THE	1							·			
TITLE			☐ DELETE		TY-S					☐ Change	☐ Addition
TITLE NAME		<u> </u>	☐ D€LETE	4.4 C	TY-S					Change	Addition
NAME		,,,	•.·· 1•	4.4 C 5.1 T 5.2 N	TLE AME			· 		☐ Change	Addition
NAME STREET ADDRESS		·., .	•	4.4 C 5.1 T 5.2 N 5.3 S	TLE AME	T-ZIP T ADDRESS	-	· 		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	·	.1 .	•.·· 1•	4.4 C 5.1 T 5.2 N 5.3 S	TY-ST TLE AME TREET	T-ZIP T ADDRESS				☐ Change	Addition
NAME STREET ADDRESS		.,	ejo 11 1 - 4a	4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	TLE AME TREET TY-S	T-ZIP T ADDRESS					

offy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered. 14. I hereby certify that the information supplied with this filling does not repetit indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an address. We

6.4 CITY-ST-ZIP

SIGNATURE: