

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G28461**

1. Entity Name  
**UNIVERSAL I REALTY, INC.**

Principal Place of Business

**301 ALMERIA  
330  
CORAL GABLES FL 33134  
US**

Mailing Address

**301 ALMERIA  
330  
CORAL GABLES FL 33134-5822  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2282451**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVEIRA, RAMON R  
301 ALMERIA AVENUE  
SUITE #330  
CORAL GABLES FL 33134-5822**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SPD** ☐ Delete  
NAME **SILVEIRA, URSULA Q**  
STREET ADDRESS **301 ALMERIA AVE #330**  
CITY-ST-ZIP **CORAL GABLES, FL 00000 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **SILVEIRA, RAMON R**  
STREET ADDRESS **301 ALMERIA AVE, SUITE 330**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:   
Ramon R. Silveira  
SIGNING OFFICER OR DIRECTOR

April 18th, 2000 305-442-4808

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)