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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G36406 (8)

1. Corporation Name
UNIVERSAL BANCORP, INC.



Principal Place of Business Mailing Address
17701 BISCAYNE BLVD. 17701 BISCAYNE BLVD.
MIAMI FL 33160 MIAMI FL 33160-4813

3. Date Incorporated or Qualified 04/29/1983 3a. Date of Last Report 01/29/1996
4. FEI Number 59-2283098 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

FULLER, ALLEN D
11101 SW 64TH AVE
SUITE 802
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE PD
NAME FELDENKREIS, GEORGE
STREET ADDRESS 7495 NW 48TH ST
CITY-ST-ZIP MIAMI FL 33166
TITLE ST
NAME PERL, LARRY
STREET ADDRESS 1866 S BAYSHORE LANE
CITY-ST-ZIP MIAMI FL 33133
TITLE D
NAME CHOROWSKI, MOISES
STREET ADDRESS 1280 98TH STREET 8855 COLLINS AVE #507
CITY-ST-ZIP BAY HARBOR 13L FL 33154
TITLE D
NAME DIX, GARY
STREET ADDRESS 1800 NE 114TH ST 1802
CITY-ST-ZIP N MIAMI FL 33181
TITLE V
NAME RYAN, PETER E.
STREET ADDRESS 9530 NW 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME FELDENKREIS, GEORGE
1.3 STREET ADDRESS 7495 N.W. 48th ST
1.4 CITY-ST-ZIP MIAMI FL 33166
2.1 TITLE ST
2.2 NAME PERL, LARRY
2.3 STREET ADDRESS 1866 S Bayshore Lane
2.4 CITY-ST-ZIP Miami FL 33133
3.1 TITLE D
3.2 NAME CHOROWSKI, MOISES
3.3 STREET ADDRESS 8855 Collins AVE. Apt 507
3.4 CITY-ST-ZIP SURFSIDE, FL. 33154
4.1 TITLE D
4.2 NAME DIX, GARY
4.3 STREET ADDRESS 1800 NE 114th St 1802
4.4 CITY-ST-ZIP North Miami, Fl. 33181
5.1 TITLE V
5.2 NAME RYAN, PETER E.
5.3 STREET ADDRESS 9530 NW 8th Sreet
5.4 CITY-ST-ZIP Pembroke Pines, Fl. 33024
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter E. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 (305)937-2265
Date Daytime Phone #

CR2E034 (9/96)