

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90079 042 ***150.00

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DOCUMENT # G49907

1. Entity Name
UNIVERSAL INVESTMENT CORP.



Principal Place of Business
**1920 N MIAMI AVE
MIAMI FL 33136**

Mailing Address
**11094 PARADELA ST
CORAL GABLES FL 33156
US**

2. Principal Place of Business
11094 PARADELA ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

4. FEI Number **59-2374795**

Applied For
Not Applicable

Zip Country
33156-4422 USA

Zip Country
33156-4422

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

**SAVITZ, ALAN
1920 N MIAMI AVE
MIAMI FL 33136**

Name **ALAN SAVITZ**
Street Address (P.O. Box Number is Not Acceptable)
11094 PARADELA STREET
City **CORAL GABLES** **FL** Zip Code **33156-4422**

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 **ALAN SAVITZ**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SAVITZ, ALAN**
STREET ADDRESS **1920 N. MIAMI AVE.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **ALAN SAVITZ** **4-9-03 305-665-6603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)