

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G99462 (5)**

1. Corporation Name

UNIVERSAL BUSINESS ENTERPRISES CORP.



Principal Place of Business: **9838 SW 106TH TERR MIAMI FL 33176**
Mailing Address: **9838 SW 106TH TERR MIAMI FL 33176**

3. Date Incorporated or Qualified: **03/09/1984**
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
4. FEI Number: **59-2420046**

22. Suite, Apt. #, etc.: **1465 MAYHURST BLVD**
27. Suite, Apt. #, etc.: **1465 MAYHURST BLVD**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **McLEAN VA**
28. City & State: **McLEAN VA**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **22102** 25. Country: **USA**
29. Zip: **22102** 30. Country: **USA**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FORCH, JOHN 9838 SW 106TH TERR MIAMI FL 33176**
10. Name and Address of New Registered Agent: **81 Name: SAME**
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD - SUITE 1900
83
84 City: MIAMI FL 85 Zip Code: 33171

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 director applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	FORCH, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9838 SW 106TH TERRACE	MIAMI FL	13 STREET ADDRESS	14 CITY-ST-ZIP
<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	FORCH, JOANNE	22 NAME	
9838 S.W. 106TH TERR.	MIAMI FL	23 STREET ADDRESS	24 CITY-ST-ZIP
<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	34 CITY-ST-ZIP
<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	44 CITY-ST-ZIP
<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	54 CITY-ST-ZIP
<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 **703 821 8180**

CR2E034 (12/95)