2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam UBI CORF				05-03-2004 90708 041 ***150.00
Principal Plac	e of Business	Mailing Address		
558 MARGINAL RD.		558 MARGINAL RD.		·.
WEST PALM BEACH FL 33411		WEST PALM BEACH F	L 33411	
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2 Principal P	Place of Business	3. Mailing Address		
2. Thropart lads of Basicists		o maining riddress		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & Stat	te	City & State		4. FEI Number S9-2423037 Applied For
Zip	Country	Zip	Country	Trot Applicable
Zip	Country	[Ζίρ	Codnity	5. Certificate of Status Desired See Required Fee Required
L	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent
			Name	The second secon
REV	YER, IRWIN S ESQ		Stroot Addens	s (P.O. Box Number is Not Acceptable)
1016 CLEARWATER PLACE			Street Addres	s (F.O. Box Number is Not Acceptable)
· WE	ST PALM BEACH FL 33401			
}			City	Zip Code
				<u> </u>
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the odingar	illoris of registered agent.			
SIGNATURE				
sta meno zastava venos tem	Signature, typed or printed name of registered agen	i and the ir applicable. (NOT)	E: Registered Agent signature requ	reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				
Afte	r May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
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12.1 rereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is 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 articlese, with all ether like empowered.

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

561.7934378

Daytime Phone #