

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H1.1384

Entity Name

UNIVERSAL FRAME INC.



FILED

11 MAR 29 PM 1:58

SECRETARY OF STATE



REINSTATEMENT 10-11

1st MOORE CR2E034 (10/07)

Principal Place of Business PMB 314 170 SW 18TH ST E-1 BOCA RATON FL 33433		Mailing Address PMB 314 5970 SW 18TH ST E-1 BOCA RATON FL 33433	
Principal Place of Business - No P.O. Box # 5970 S.W. 18TH STREET		3. Mailing Address SAME	
Suite, Apt. #, etc. SUITE 314		Suite, Apt. #, etc. SAME	
City & State BOCA RATON FL 33433		City & State SAME	
Zip 33433	Country PALM BEACH	Zip SAME	Country SAME

4. FEI Number 59-2426915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STELLA, ROY PMB 314 5970 SW 18TH ST E-1 BOCA RATON FL 33433		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
E AE STREET ADDRESS Y-ST-ZIP	PD STELLA, ROY 5970 SW 18TH ST E-1 BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400196457184 03/01/11--01028--003 **150.00
E AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400196457184 03/29/11--01019--031 **758.75
E AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$13/25
E AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Row/ Stella Pres 2.21.11 954.234-5898