

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63861

1. Entity Name

University Enterprises International Inc

**FILED**  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90047 047 \*\*\*150.00

Principal Place of Business

Mailing Address

3007 Shamrock North,  
#29  
Tallahassee, FL 32308

B0083646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3007 Shamrock North

3. Mailing Address

3007 Shamrock North

Suite, Apt. #, etc.

29

Suite, Apt. #, etc.

29

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32308

Country

USA

Zip

32308

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

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

Albert B. Assadourian  
3007 Shamrock North #29  
Tallahassee FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

30 April 2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Off. Director	<input type="checkbox"/> Delete
NAME	E.A. Herms	
STREET ADDRESS	3007 Shamrock North	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	Treasurer/Secretary	<input type="checkbox"/> Delete
NAME	H.S. Plendell	
STREET ADDRESS	3007 Shamrock North	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	A. Assadourian	
STREET ADDRESS	3007 Shamrock North	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hans S. Plendell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Apr. 2000

Date

850-644-5516

Daytime Phone #

CR2E034 (9/99)