

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90349 005 ***150.00

DOCUMENT # 163861

1. Entity Name

University Enterprises International Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3007 Shamrock North

Suite, Apt. #, etc:

#29

City & State

Tallahassee FL

Zip 32309

Country USA

3. Mailing Address

3007 Shamrock North

Suite, Apt. #, etc:

#29

City & State

Tallahassee FL

Zip 32309

Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Not applicable

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hans S. Plehadi

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

3007 Shamrock North

City

Tallahassee

FL

Zip Code

32309

**DO NOT WRITE
IN THIS SPACE**

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 Hans S. Plehadi

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

(NOTE: Registered Agent signature required when reinstating)

30 Apr 02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D
NAME Assadourian, Albert B.
STREET ADDRESS 1560-3 Capital Circle NW
CITY-ST-ZIP Tallahassee FL 32303

TITLE P
NAME Hermes, Edwin
STREET ADDRESS 3007 Shamrock North #29
CITY-ST-ZIP Tallahassee FL 32309

TITLE S
NAME Plehadi, Hans S.
STREET ADDRESS 3007 Shamrock North #29
CITY-ST-ZIP Tallahassee, FL 32309

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hans S. Plehadi

Hans S. Plehadi

30 Apr 02

894-1842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #