

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # K80723



1. Entity Name

UNIVERSAL FLORIDA REALTY, INC.

Principal Place of Business
842 WATERSIDE LN.
BRADENTON FL 34209
US

Mailing Address
1072 DEVONSHIRE
GROSSE POINT PK. MI 48230-1417
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0133335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDEZ, CHARLES E
842 WATERSIDE LN
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME: PDS
STREET ADDRESS: VALDEZ, CHARLES E.
CITY- ST- ZIP: 842 WATERSIDE LN.
BRADENTON FL 34209 ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
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NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000606279
CITY- ST- ZIP: 01/30/07-80071-008 150.00

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

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STREET ADDRESS:
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NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. VALDEZ

1/22/07 586-718-7160

Date

Daytime Phone #