2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # K82757 1. Entity Name UNIVERSAL EQUIPMENT SERVICES, INC.

SIGNATURE:



FILED Feb 22, 2008 08:00 AN Secretary of State

Principal Place of Business 11217 NW 7TH STREET 5 MIAMI FL 33172 US			Mailing Address 11217 NW 7TH STREET 5 MIAMI FL 33172 US			· .				
2. Pencipal P	Place of Business - No f	P.O. Box #	3. Mailing Address				piniir 1864 (4):in 14mii 12mii 19jii 12mii 19jii 12mii 19jii			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			15	1st MOORE CR2E034 (10/07)			
City & State			City & State			4. FEI Numb	4. FEI Number 65-0174836 Applied For Not Applicable			
Zıp	Country		Ζiρ	Cour	itry	5. Certificate	e of Status Desired	\$8.75 Ac	ditional	
	6. Name and Addr	ess of Current Ro	egistered Agent	7. Name and Address of New Registered Agent						
CUIDING GAAITOO M					Name .					
CHIRINO, SANTOS M 11217 NW 7TH STREET						Street Address (P.O. Box Number is Not Acceptable)				
5 MIAMI FL 33172										
					City		FI	Zip Co	de	
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 land									and accept	
the obligations of registered agent.										
SIGNATURE.	Signature, typed or preced pane	e al monsternet poembone	Lite tupolognia /t.:	DIE Bensure	c Annel ameni ve ta	quirea when foinstables?	DAIF	·····		
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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 Finant Trust Fund Contribution.		.00 May Be led to Fees	
10. OFFICERS AND DIRECTORS 11						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PSD		☐ Derete	וויון				☐ Change	Addition	
NAME STREET ADDRESS	CHIRINO, SANTOS I 11217 NW 7ST UNIT			NAM Stre	E ET ADORESS		Haaaaaaaaa	-		
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CITY-ST-712	MIAMI FL 33172	J			-ST-ZIP					
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NAME				NAM	i i					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
	certify that the informati	on supplied with	this filing does not qualify		1	lained in Section 1:	19 Florida Statutes I further of	ertify that the	information	
12. I hereby certify that the information subplied 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.										

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR