

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90038 003 \*\*\*\*50.00

**DOCUMENT # L02000023138**

1. Entity Name

**UNIVERSAL LAW CENTER, LLC**



Principal Place of Business

**7491 WEST OAKLAND PARK BOULEVARD  
2ND FLOOR  
LAUDERHILL FL 33319**

Mailing Address

**7491 WEST OAKLAND PARK BOULEVARD  
2ND FLOOR  
LAUDERHILL FL 33319**

2. Principal Place of Business

**7491 West Oakland Park Blvd**

Suite, Apt. #, etc.

**SECOND FLOOR**

City & State

**LAUDERHILL, FL**

Zip

**33319**

Country

**U.S.A.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**LAUDERHILL, FL 33319**

Country

**U.S.A.**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**02-0641615**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**V. CYPRIAN ADAMS, P.A.  
7491 WEST OAKLAND PARK BLVD.  
2ND FLOOR  
LAUDERHILL FL 33319**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete  
NAME **V. CYPRIAN ADAMS**  
STREET ADDRESS **7491 WEST OAKLAND PARK BLVD**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Change ☒ Addition  
NAME **V. CYPRIAN ADAMS**  
STREET ADDRESS **7491 W. OAKLAND PARK BLVD, 2ND**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/20/03**

**754-578-5225**

Daytime Phone #

CR2E083 (10/02)