

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANYFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 12 PM 2:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Annual Report

DOCUMENT # 02000036380

1. Limited Liability Company's Name

Universal Counselors, LLC

2. Principal Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, Florida

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/7/02

6. FEI Number

562299747

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jack D. Burstein

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

701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 2500

City

Miami

State

FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

8/4/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jack D. Burstein	701 Brickell Avenue, #2500	Miami, FL 33131
MGRM	Jason G. Burstein	701 Brickell Avenue, #2500	Miami, FL 33131

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 7/13/04

Daytime Phone# 305-536-1440

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)