

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90073 043 ****50.00

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1. Entity Name
UNIVERSAL HOLDINGS GROUP, LLC

Principal Place of Business
8726 NW 119 ST. #10
HIALEAH GARDENS, FL 33018

Mailing Address
PO BOX 160207
HIALEAH, FL 33016

2. Principal Place of Business
3171 W 81ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03272003 Chg-LLC CR2E083 (10/03)

City & State
HIALEAH FL

City & State

4. FEI Number
36-4516031

Applied For
Not Applicable

Zip
33018

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR.
CLEARWATER, FL 33761

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ORTEGA, CARLOS
STREET ADDRESS 8726 NW 119 ST. #10
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE MGR ☒ Delete
NAME HERNANDEZ, JEANETTE
STREET ADDRESS 8726 NW 119 ST. #10
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

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

TITLE MGR ☒ Change ☐ Addition
NAME HERNANDEZ JOSE
STREET ADDRESS 3171 W 81 ST
CITY-ST-ZIP HIALEAH FL 33018

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

9/07/04 786-344-1529