

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05866

1. Entity Name

UNIVERSAL SERVICES ENTERPRISE, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90475 026 ***150.00

Principal Place of Business

244 BISCAYNE BLVD
2ND FLOOR ROOM 1
MIAMI FL 33132
US

Mailing Address

244 BISCAYNE BLVD.
P. O. BOX 015626
MIAMI FL 33101-5626
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0136098**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, FRANCIS F
915 NW 1ST AVE
H1212
MIAMI FL 33136

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DVP
NAME TEMPLO, EDGARDO
STREET ADDRESS 915 NW 1ST AVE H1212
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DVP
NAME MEDINA, FIDEL S
STREET ADDRESS 1400 DOE HOLLOW TRACE
CITY-ST-ZIP LILBURN GA ☐ Delete

TITLE DPST
NAME MEDINA, FRANCIS F
STREET ADDRESS 915 NW 1ST AVE H1212
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Francis F. Medina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Francis F. Medina

President X

Date

3/29/01

(305)
358-2121

Daytime Phone #

CR2E034 (10/00)

0494662