

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90374 045 ***150.00

DOCUMENT # L05866

1. Entity Name
UNIVERSAL SERVICES ENTERPRISE, INC.

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

10137 WEST OAKLAND PK BLVD.

3. Mailing Address

10137 WEST OAKLAND PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

4. FEI Number

65-0136098

Applied For

Not Applicable

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

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 **PATRICIA A. Beyer**

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

120 E. OAKLAND PK BLVD #107

City

FD. LAUDERDALE

FL

Zip Code

33334

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

Patricia A. Beyer

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

(NOTE: Registered Agent signature required when reinstating)

April 15, 2002

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, 2002 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** ☒ Delete
 NAME **TEMPLO, EDGARDO**
 STREET ADDRESS **915 NW 1ST AVE H1212**
 CITY-ST-ZIP **MIAMI FL**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10264 SW. 1ST COURT**
 CITY-ST-ZIP **CORAL SPRINGS, FL. 33071**

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

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:

Francis F. Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002

Date

Daytime Phone #

(806) 358 2121

CR2E034 (9/01)