

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91515 025 \*\*\*150.00

For

DOCUMENT # **L05866**

1. Entity Name

**UNIVERSAL SERVICES ENTERPRISE, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1025 S.E. 17<sup>th</sup> STREET**

3. Mailing Address

**120 E. Oakland Pk Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**107**

DO NOT WRITE IN THIS SPACE

City & State

**Fort Lauderdale Florida**

City & State

**FT. LAUDERDALE, FL**

4. FEI Number

**65-0136098**

Applied For

Not Applicable

Zip

Country

**33316**

Zip

Country

**33334**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**PATRICIA A. BEYER**

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

**120 E. OAKLAND PARK BLVD #107**

**@ CLEVELAND ACCOUNTING SERVICES INC**

City

**FT. LAUDERDALE,**

**FL**

Zip Code

**33334**

**DO NOT WRITE  
IN THIS SPACE**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/03**

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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: **D/P/S/T.**  
NAME: **Francis F. Medina**  
STREET ADDRESS: **10204 S.W. 1 COURT**  
CITY-ST-ZIP: **CORAL SPRINGS, FL 33071**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Francis Medina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCIS F. MEDINA**

**President 4/24/03 1-888-872-5010**

Date

Daytime Phone #

CR2E034B (12/01)