

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90002 008 ****61.25

DOCUMENT # N01000003519

1. Entity Name
THE INIVERSAL MARCUS INSTITRUTH, INC.



Principal Place of Business
2864 NW 9 COURT
FT LAUDERDALE, FL 33311

Mailing Address
P O BOX 15643
MIAMI, FL 33101-5643

14027443



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09202004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1127909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICKETTS, DONALD
2864 NW 9 COURT
FT LAUDERDALE, FL 33311

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 \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RICKETTS, DONALD
STREET ADDRESS 2864 NW 9 COURT
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE D ☐ Delete
NAME WILLIAMS, LESLIE
STREET ADDRESS 17204 NW 49 PLACE
CITY-ST-ZIP MIAMI, FL 33055

TITLE D ☐ Delete
NAME BEESE, ALTINE K
STREET ADDRESS 6308 NW 19 AVE
CITY-ST-ZIP MIAMI, FL 33147

TITLE D ☐ Delete
NAME RICKETTS, MARC
STREET ADDRESS 2864 NW 9 COURT
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE D ☐ Delete
NAME DONOVAN, DEBORAH
STREET ADDRESS 7990 NW 96 TERRACE, #208
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D ☐ Delete
NAME MALUK, ROCKA
STREET ADDRESS 11371 SW 176 STREET
CITY-ST-ZIP MIAMI, FL 33157

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/04

Date

786 663 3000

Daytime Phone #