FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

N9400005856 (9)

UNIVERSAL	. Plaza	PROPERTY	OWNERS	ASSOCIATION, INC	
-----------	---------	-----------------	---------------	------------------	--

	ERSAL PLAZA PROPER				. =				
Principal Plac	ce of Business	Mailing Address				A CONTROL END INCOME AND A SECTION OF THE PROPERTY OF THE PROP	18111 MAIN MAIN MI	W1 1919	1 01119 0111 1001
5401 S. KII SUITE 725 ORLANDO		5401 S. KIRKI Suite 725 Orlando Fl	_						
						3. Date Incorporated or Obalified 11/23/1994	3a. Date of 05/0		
2. Principal f	Place of Business	2a. Mailing Addr	ess			4. FEI Number	1 00/0		pplied For
21		26				APPLIED FOR	Ī	_	lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	□ \$8	.75	Additional
City & Sta	to	City & State			;		'		Required
23	ile.	City & State			~·.	Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Ζip	Count	ry		This corporation has liability for interest.			to Fees
24	25	29	30	.,			Yes No	ars.	199.032,
	9. Name and Address of (Current Registered Agent				10. Name and Address of New Re	gistered Agent	[
			8	1	Name				
KHATII	B, RASHID A		8	2	Street Addre	ss (P.O. Box Number is Not Acceptable	<u> </u>		
5401 8	S. KIRKMAN RD.								
SUITE			8	3					
ORLAN	IDO FL 32819		8	4	City		85	Zip	Code
		7.0500			•		₽LI	l '	
vi r o gisie	t to trie provisions of Sections 61 ered agent, or both, in the State (vith, and accept the obligations o	oi Fiorida. Such change was	authorized by the coi	rpoi	amed corporation's board	tion submits this statement for the purpol of directors. I hereby accept the appoir	se of changing itment as regist	its reg ered a	gistered office agent. I am
SIGNATURE									
	Signature, typed or printed name of register		(NOTE Registered Ag	ent :	signature required i	when reinstatingi	DATE		
12.	7	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOF	RS IN 12
TITLE	DP	□DEL					Char	nge	Addition
NAME	KHATIB, RASHID A	ATE	1.2 NAM						
STREET ADDRESS		S1E. 725	1.3 STRE						
CITY-ST-ZIP TITLE	ORLANDO FL 32819 DST	DEL	1.4 CHY		- ZIP				Паже
NAME	1	المرا	-				L] Char	ige	☐ Addition
STREET ADDRESS	MANSOUR, RIYAD 5401 S. KIRKMAN RD.,	CTE 706	2.2 NAM: 2.3 STRE		I DOOCCC				
CITY - ST - ZIP	ORLANDO FL 32819	SIE. 720	2 4 CITY		- 1				
TITLE	DV DV	DEL			- 211		[] Char		☐ Addition
NAME	MAALI, JESSE I	_	3.2 NAMI						
STREET ADDRESS	6454 INTERNATIONAL I	DR.	3.3 STRE	ET A	DDRESS				
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY	- 51	- 2IP				
TITLE		□ D£L					☐ Char	nge	Addition
NAME			4 2 NAM	E					
STREET ADDRESS			4 3 STRE	ET AI	.DDRESS				
CITY-ST-ZIP			4.4 CiTY-	ST-	- ZIP				
TITLE		□ DELI	ETE 5.1 TITLE			20000170	Char	ige	Addition
NAME			5.2 NAMS	*		20000178 -04/19/960101	6 (62		
STREET ADDRESS			5 3 STRE	E [¹Al	.DDRESS	***61.25	3001		
CITY-ST-ZIP		F-1	5 4 CITY		-ZIP	***O1.23			
TITLE		□ D€LI	1				Chan	ıge	☐ Addition
NAME Stock Appress			6 2 NAME						
STREET ADDRESS			6.3 STREE	T A	DDRESS		11 75		16 (V
CITY-ST-7IP	1		■ ¢ 4 017∨	ĊТ	zin I		الحسان	-	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attackment with an address. SIGNATURE: PSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR

407-354-2200

CR2E037 (12/95)