## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## POCUMENT # N9700003104 (3)

UNIVERSAL HORIZONS, INC.

Secretary of State

**FILED** 

May 19 1998 8:00am

ONVE	HOAL HORIZO	)NO; 1NO:						A JERUNGE DAR TURN BERN DRAW BRIN BRIN BRIN BRIN BRIN BRIN HAND BRIN HAND BRIN BRAN BRIN BRIN BRIN BRIN BRIN B
Principal Place of Business			Mailing Address					
13495 8W 260TH ST. NARANJA FL 39032			13495 SW 260TH ST. NARANJA FL 33032					3. Date Incorporated or Qualified  05/22/1997  4. FEI Number Applied For
								65-0763831 Not Applicable
2. Principal F	Place of Business		28. Mailing Address					5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22			27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State			City & State					7. Is this nonprofit corporation a homeowners association?
Zip	<del>-</del>	Country	28	!ip	1 0	ountry		Yes No
24	25	, , , , , , , , , , , , , , , , , , ,	29		30	00/10/9		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes No
	9. Name and	Address of Current	Registe	red Agent	1-71			10. Name and Address of New Registered Agent
						81	Name	me
	W, PAUL J					82	Stree	eet Address (P.O. Box Number is Not Acceptable)
	W <b>26</b> 0TH ST. IA FL 33032					83		
100000	7. I E 0000E					64	City	las I 7 O. d.
							City	FL   1   1   1   1   1   1   1   1   1
Office or i	regi <b>ste</b> red agent, d	or both, in the State o	f Florida.	. Such change was	s authoriz	zed by	the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
egent. La	ım familiar with, ar	nd accept the obligati	ons of, S	Section 617.0503, F	Florida S	tatutes		7
SIGNATURE	Signature, typed or print	ted name of registered agent	and title if a	pplicable. (NO	OTE: Registe	ered Age	ni signatu	sature required when reinstating) DATE
12.		OFFICERS AND	DIRECT		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE				☐ DELETE	1.1	TITLE		P + T Change Addition
NAME						NAME		PAUL MORROW STREET
STREET ADDRESS							address	
CITY-ST-ZIP				DELETE		CITY-SI	r-zip	Homestead, FL 33032
NAME				- Joseph		NAME		V + S LI Change LA Addition  LASHANDA MORROW_
STREET ADDRESS							address	
CITY-ST-ZIP						4 CITY-S		The decrease of the company of the c
TITLE				☐ DELETE	3.1	TITLE		Change Addition
NAME					3.2	NAME		JOSEPH Whitehead
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE		CITY-S	T-ZIP	
NAME				C DIEELE		TITLE 2 NAME		
STREET ADDRESS							ADDRESS	Austin Moore 14510 S.W. 284 th STREET Homestead, FL 33033
CITY-ST-ZIP						CITY-ST		Homestead FL 33033
TITLE				DELETE		TITLE		☐ Change ☐ Addition
NAME					5.2	NAME		
STREET ADDRESS					5.3	STREET	address	ss
CITY-ST-ZIP				····		CITY-ST	- ZIP	
TITLE				☐ DELETE		TITLE		Change Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	SS
CITY-ST-ZIP					6.4	CITY-ST	- ZIP	

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 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 attachment with an address.

SIGNATURE WAS MICHAEL

1-12-08 (215) 158-8898

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