

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90039 005 ***150.00

DOCUMENT # P00000021905 1. Entity Name UNIVERSAL MULTI SERVICES, INC.			
Principal Place of Business 3540 CORAL WAY #904 MIAMI, FL 33145		Mailing Address 3540 CORAL WAY #904 MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box # 3530 SW 22ND ST.		3. Mailing Address P.O. BOX 22685	
Suite, Apt. #, etc. 712		Suite, Apt. #, etc. 	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33145		Zip 33002	
Country		Country	
4. FEI Number 65-1009422		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTILLO, JOSE O 3540 CORAL WAY #903 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3530 SW 22ND ST. Suite 712 City MIAMI FL Zip Code 33145	
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 <i>[Signature]</i> <i>Reyna Portillo</i> <i>04/5/2008</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST PORTILLO, JOSE O 3540 CORAL WAY #903 MIAMI, FL 33145	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORTILLO, REYNA 3540 CORAL WAY #903 MIAMI, FL 33145	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <i>Jose O. Portillo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>04/05/2008</i> (305) 798-1850 Customer Phone #	