FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2003



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90744 039 ***150.00

				/-		
DOCUI	MENT #P00000021905 n Name	5				
	UNIVERSAL MULTI SE	RVICE INC		·		
		•	,			
			·		•	
Principal Place		Mailing Address	N NTE			
6647 W 22ND LANE 6647 W 22ND LANE HIALEAH FL 33016 HIALEAH FT 33016						
HIALEAH FL 33016 HIALEAH FL 33016			10	DO NOT WRITE IN TH	IIG SPACE	
				3. Date Incorporated or Qualifed		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	(- 	plied For
21		26		65- 1009422	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Re	
City & Stat		City & State		6. Election Campaign Financing	- \$5.00	
23	¹⁰ = −	28	~	Trust Fund Contribution	Added I	-
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible	
24	[25]	29	30	Personal Property Tax.	[] Yes	□No
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent	
POI	RTILLO JOSE O		81 Name			
				ddress (P.O. Box Number is Not Acceptable)		
HIALEA	AH FL 33016					
			83			
			84 City	F	85 Zip C	Code
11 Durgungt	to the province of Sections 507 0502	and 607 1509 Florida Statute	s the above named or	progration submite this statement for the numers	of changing its	registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the app	ointment as rec	gistered
_	m familiar with, and accept the obligati	ons or, Section 607.0505, Flori	ua Statutes.			
SIGNATURE	Signature, lyped or printed name of registered agent	and title a applicable (NOTE:	Registered Agent signature req	uired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	pvst	☐ DELETE	1.1 TITLE		Change	Addition
NAME	PORTILLO JOSE O		12 NAME			
STREET ADDRESS	6647 W 22ND LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP		151.0%	C 6 4 4 3 1
TITLE		☐ DELETE	2.1 TITLE	*	Change	Addition
NAME			2.2 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2.4 City-ST-ZIP 3.1 TITLE		Change	Addition
NAME		ED 4044.1	3.2 NAME	·		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			•
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME	·		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		ПСь	
TITLE NAME		C) DETER	6.2 NAME		Change	Addition
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CITY-ST-ZIP			
CITY-ST-ZIP	L		3 4 OD 1 - 31 - ER			

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose

O. Portille

4/22/2003

305) 824-3061