

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90164 005 ***158.75

DOCUMENT # *P00000064801*

1. Entity Name

UNIVERSAL INVESTIGATIONS

DO NOT WRITE IN THIS SPACE

831546

2. Principal Place of Business

105 E. Robinson ST

3. Mailing Address

105 E. Robinson ST

Suite, Apt. #, etc.

530

Suite, Apt. #, etc.

530

City & State

Orlando FL 32801

City & State

Orlando, FL

4. FEI Number

59-3684669

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

MAGED M. YOUSSEF

Street Address (P.O. Box Number is Not Acceptable)

105 E. Robinson ST #530

City

Orlando

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Director
MAGED M. YOUSSEF
105 E. Robinson ST #530
Orlando FL 32801*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other filers empowered.

SIGNATURE:

[Signature]

Date

4/9/02

Daytime Phone #

CR2E034B (12/01)