2002 UNIFORM BUSINESS REPORT

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90038 022 ***150.00

DOCUMENT # P00000087269

1. Entity Name
UNIVERSAL DESIGN AND ENGINEERING S

Principal Place of Business	Mailing Address
1610 Cellenq Ct. Kissimmee FL. 34744	1610 Cellenq Ct. Kissimmee FL. 34744

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPAC
4. FEI Number 59-3681507
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5. Certificate of Status Desired ☐ $8. Fee

6. Name and Address of Current Registered Agent

MARCOS FIGUEROA
1610 Cellenq Ct.
Kissimmee FL. 34744

7. Name and Address of New Registered Ager
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. / TREAS. Rathgelly Figueroa 1610 Cellenq. Ct Kissimmee FL. 34744	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. / SEC. MARCOS A. FIGUEROA 1610 Cellenq Ct. Kissimmee FL. 34744	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIF

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐

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 t 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 a 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 Bl changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rathgelly Figueroa 4/25/02 407-709-1523