

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093346

1. Entity Name
UNIVERSAL EMOTIONS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90127 032 ***150.00

Principal Place of Business
**9821 NORTH ABIACA CIRCLE
DAVIE FL 33328**

Mailing Address
**9821 NORTH ABIACA CIRCLE
DAVIE FL 33328**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-1059691

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROSS, MICHELE
9821 NORTH ABIACA CIRCLE
DAVIE FL 33328**

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

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 *Michele Ross* **4/18/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so? ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>Michele Ross, President</i>	<i>9821 N. Abiaca Circle</i>	<i>Davie, FL 33328</i>				
	<i>Robert Ross</i>	<i>9821 N. Abiaca Cir</i>	<i>Davie, FL 33328</i>				
	<i>Jacqueline Davis</i>	<i>9723 N. NEW RIVER CANAL</i>	<i>Rd, APT 414 Plant. FL 33324</i>				
	<i>Susie Collingwood</i>	<i>251 174th Street, Apt. 912</i>	<i>Miami Bch, FL 33160</i>				

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele Ross* **4/18/01** **954.472.3886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)