

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098119

1. Entity Name

UNIVERSAL PLACEMENT SERVICES INC.

Principal Place of Business

1802 N. UNIVERSITY DR., SUITE 300
PLANTATION FL 33322

Mailing Address

1802 N. UNIVERSITY DR., SUITE 300
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1051769

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, JASON D
1802 N. UNIVERSITY DR., SUITE 300
PLANTATION FL 33322

Name Santiago, JASON D.

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

Suite 150

City Plantation

FL

Zip Code 33324

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

Jason Santiago

JASON SANTIAGO (President)

8/7/01

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.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME SANTIAGO, JASON D
STREET ADDRESS 1802 N. UNIVERSITY DR., SUITE 300
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Santiago JASON SANTIAGO (President) 9/14/01 90030/023 1558.75

Date

Daytime Phone #

FILED

01 OCT 12 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE