

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90136 046 ***150.00

DOCUMENT # P00000106081

1. Entity Name
UNIVERSAL BROKERAGE AND FINANCIAL SERVICES, INC.



Principal Place of Business

**2260 SW 8 ST #320
MIAMI FL 33135**

Mailing Address

**2260 SW 8 ST #320
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

**6741 SW 24 STREET
3233 PALM AVE. 4th FLOOR**

Suite, Apt. #, etc.

SUITE No. 24

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33155

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-1055167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, JOSE M JR
2260 SW 8 ST #320
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **JOSE M. GARCIA**

Street Address (P.O. Box Number is Not Acceptable)
6741 SW 24 STREET

City **MIAMI**

FL

Zip Code
33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D GARCIA, JOSE M JR**
STREET ADDRESS **2260 SW 8 ST #320**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D JOSE M. GARCIA**
STREET ADDRESS **6741 SW 24 STREET**
CITY-ST-ZIP **MIAMI FLORIDA 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 correct to the best of my knowledge and belief; that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all changes.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME

OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)