


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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|---|--|--|---|
| DOCUMENT # P01000014762 1. Entity Name UNIVERSAL CARRIERS, INC. | |  | |
| Principal Place of Business 11077 BISCAYNE BLVD., SUITE 304 MIAMI, FL 33161 US | | Mailing Address 11077 BISCAYNE BLVD., SUITE 304 MIAMI, FL 33161 US | |
| 2. Principal Place of Business 1175 NE 125 th Street Suite, Apt. #, etc. 612 | | 3. Mailing Address 1175 NE 125 th Street Suite, Apt. #, etc. 612 | |
| City & State Miami FL | | City & State Miami FL | |
| Zip 33161 | | Country US | |
| 4. FEI Number 85-1108774 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MIDDLEBROOK, ROBERT P 11077 BISCAYNE BLVD., SUITE 304 MIAMI, FL 33161 | | 7. Name and Address of New Registered Agent Name Robert P. Middlebrook Street Address (P.O. Box Number is Not Acceptable) 1175 NE 125 th Street Suite 612 City Miami FL Zip Code 33161 | |
| 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: <i>[Signature]</i> DATE: 6/26/03 <small>(NOTE: Registered Agent's signature required when submitting)</small> | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete President MIDDLEBROOK, ROBERT P 5596 S.W. 80TH ST., #A MIAMI, FL 33143 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete Chief Exe. Off. Thomas Hickey 304 Tequesta Drive Tequesta, FL 33469 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 supplementary 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 appointed to prepare 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 other filers required. | | | |
| SIGNATURE: <i>[Signature]</i> | | DATE: 6/20/03 5:30 PM 893-2033 | |

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CHECK HERE IF MAKING CHANGES

CORP/CSA (1/01/02)