2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 8:00 am

DOCUMENT # P01000017426 1. Entity Name UNIVERSAL COMMUNICATIONS OF MIAMI, INC.									02-09-20	-	OI Sta 044 ***150	
Principal Place of Business 801 SECOND AVENUE NEW YORK, NY 10017 Mailing Address 801 SECOND AVENUE NEW YORK, NY 10017								g to the second of)3807	,
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01302004	Chg-P	CR2E	E034 (10/03)	
City & State			+-	City & State				4. FEI Numb				plied For t Applicable
Zíp .	Country			Zip C		ountry			of Status Desire	ed 🔲	\$8.75 Add	itional
6. Name and Address of Current Regis				tered Agent	Name	7. Name and Address of New Registered Agent						
NATIONAL CORPORATE RESEARCH,LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000							ddress (P.O. Box Numb	er is Not Accept		■ Zip Code)
8 The shows nam	and antitu	submits this statement	for the n	wroose of changing its	racistar	<u> </u>	ragistor	rod agent, or be	ath in the State of	F Slorida Lar	<u> </u>	
the obligations	of registe		t ti	n j		3 0. 3 1.		ed agent, or bo	om, in the state o	DATE		апо ассерт
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9 Election Campaign Financing \$5.00 May Be Trust Fund Contribution									·			
10.	•	OFFICERS AN	D DIREC		11.			ADDITIONS	/CHANGES TO	OFFICERS A	~	
STREET ADDRESS 80	D Delete RUDERMAN, CARL 801 SECOND AVENUE NEW YORK, NY 10017					e Iet address I-st-zip	201		Carl 39th P PL 3		⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			_				☐ Change	Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	~ •	and an and a state of the state		Delete						Wage Garages	□ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delet¢							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							□ Change	Addition
12. Thereby certify that the information supplied with this filling 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 trusted empower of to execute this report as required by Chapter 007; Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. We all other the empowered SIGNATURE: 9 SIGNATURE: 9 SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR												