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Secretary of State

04-18-2002 90471 007 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024003

1. Entity Name: UNIVERSAL Realty NETwork, INC.

[redacted]

B00069058

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8870 SW 40 ST	Same
Suite, Apt. #, etc.: Suite 8	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33165 Country: USA	Zip Country

4. FEI Number: 65-1132438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MARITZA M. ROQUE

Street Address (P.O. Box Number is Not Acceptable): 8870 S.W. 40 ST Suite 8

City: MIAMI FL Zip Code: 33165

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: [signature] president — 3/12/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

MARITZA M. ROQUE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	president
NAME	MARITZA Marie Roque
STREET ADDRESS	8870 SW 40 ST Suite 8
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	Vice-pres/sec.
NAME	Hector A. Roque
STREET ADDRESS	8870 SW. 40 ST, Suite 8
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 3/12/02 — (305) 554-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARITZA Marie Roque