2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P01000046964 DOCUMENT

1. Entity Name

Principal Place of Business

UNIVERSAL FIRE STOP SYSTEMS, INC.



FILED Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90160 007 ***150.00



33023		6110 PEMBROKE ROAD MIRAMAR FL 33023									
2. Principal Place of Business			3. Mailing Address					35101 31011 00111 36	} 	 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number APPLIED FOR Not Applied I					plied For t Applicable
	Country Zip		Country		T •	_	Status Desired				
6. Name	and Address of Curren	t Registere	d Agent			7. N	ame and Ad	dress of New F	Registered	Agent.	
	V-			Nar	πje						
EBER, ROBERT C				Street Address (P.O. Box Number is Not Acceptable)							
	IMEEI					 -					
				City	/				FL	Zip Cod	е
		for the purp	ose of changing its r	egistered offi	ce or register	ed age	nt, or both, ir	n the State of Flo	orida. I am	familiar with,	and accept
Signature, typed	or printed name of registered ager	nt and title if appl	licable. (NOTE:	Registered Agent	signature required	t when rein	nstating)		DATE		
r May 1, 200	03 Fee will be \$550.00			10				, ,	٠,	\$5.0 Added	0 May Be I to Fees
	OFFICERS AND	D DIRECTO	RS	11.		ADD	DITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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14021 NW	/ 19 ST		☐ Delete							☐ Change	Addition
يه عبد	٠		□ Delete =			* -		-		☐ Change	Addition
			☐ Delete			1**				☐ Change	☐ Addition
		endin.	Delete					31		☐ Change	☐ Addition
		ं ^स ्र के प्र	□ Delete	NAME STREET ADDI	RESS		·			☐ Change	Addition
	#, etc. e 6. Name BERT C V. 104TH S 33176 named entitions of regist Signature, typed ILE NOW! r May 1, 200 c Payable to PD RUBLE, L 10891 DE COOPER V LESSARD, 14021 NW	Country 6. Name and Address of Curren BERT C 7. 104TH STREET 33176 Inamed entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent REE IS \$150.00 The May 1, 2003 Fee will be \$550.00 The PD RUBLE, LANCE 10891 DENVER DR COOPER CITY FL 33026	#, etc. Suite #, etc. Suite Country Zip 6. Name and Address of Current Registere BERT C V. 104TH STREET 33176 Inamed entity submits this statement for the purplions of registered agent. Signature, typed or printed name of registered agent and title if app ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTO PD RUBLE, LANCE 10891 DENVER DR COOPER CITY FL 33026 V LESSARD, RONALD 14021 NW 19 ST PEMBROKE PINES FL 33028	MIRAMAR FL 33023 Place of Business #, etc. Suite, Apt. #, etc. #, etc. City & State Country Zip	Signature, typed or printed name of registered agent and talle if applicable. NoTE: Registered Agent	MIRAMAR FL 33023 Itace of Business	MIRAMAR FL 33023 Maco of Business 3. Mailing Address #, etc. Suite. Apt. #, etc. Country Zip Country Country Zip Country 6. Name and Address of Current Registered Agent Name Street Address (P.O. Bo. City Street Address (P.O. Bo. Name Street Address (P.O. Bo. City Street Address (P.O. Bo. NoTE Registered agent NoTE Registered Agent egrature required whom real registered agent NoTE Now!!! FEE IS \$150.00 Reyable to Florida Department of State OFFICERS AND DIRECTORS 11. ADD. PD Delete TITLE NAME STREET ADDRESS CITY ST-2IP THE NAME STREET ADDRESS CITY ST-2IP Delete TITLE NAME STREET	Index of Business 3. Mailing Address	Indicate of Business 3. Mailing Address	Indicate of Business 3. Mailing Address 3. Mailing Address 4. FEI Number CHECK HERE IF MAKING	Inicia of Business 3. Mailing Address 4. FEI Number Application Application

indicated on this repot to resupplemental 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 threater empowered to execute 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 like empowered.

SIGNATURE:

SIGHATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #