

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 OCT 24 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057554

1. Entity Name

Universal Fountains & Statuary, Inc.

DO NOT WRITE IN THIS SPACE

800008575428
10/24/02--01095--014 **61.25

2. Principal Place of Business

11555 U.S. Hwy. One
Suite, Apt. #, etc.

3. Mailing Address

11555 U.S. Hwy. One
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-1128987

Applied For

Not Applicable

Zip

33408

Country

U.S.

Zip

33408

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Albert Barrera

Street Address (P.O. Box Number is Not Acceptable)
11555 U.S. Hwy. One

City
Palm Beach Gardens

FL

Zip Code
33408

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DPS
NAME	Silvia Wilson
STREET ADDRESS	3810 Addison Drive
CITY - ST - ZIP	Perland, TX 77584
TITLE	DVP
NAME	Patricia Barrera
STREET ADDRESS	11555 U.S. Hwy. One.
CITY - ST - ZIP	Palm Beach Gardens, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

10/28

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 625-0333