

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90085 012 ***158.75

DOCUMENT # P02000002810

1. Entity Name
UNIVERSAL ULTRA-SERVICES, INC.



Principal Place of Business
**9125 S W 77TH AVENUE. #A501
MIAMI FL 33156-7618**

Mailing Address
**9125 S W 77TH AVENUE. #A501
MIAMI FL 33156-7618**



2. Principal Place of Business
MIAMI, FL
Suite, Apt. #, etc. **Suite A 501**

3. Mailing Address
9125 S.W. 77AVE. Suite A 501
Suite, Apt. #, etc. **Suite A 501**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip **33156** Country **DADE** Zip **33156** Country **DADE**

CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0533942** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, MICHAEL DAVID
12798 FOREST HILL BOULEVARD
SUITE 201A
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name **JIN-SONG ZHANG**

Street Address (P.O. Box Number is Not Acceptable)
9125 S.W. 77 AVE. Suite # A501

City **MIAMI FL** Zip Code **33156**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEO/P/C/D
STREET ADDRESS	XIAO-SHENG YUE
CITY-ST-ZIP	9125 S.W. 77AVE. SUITE #A501 MIAMI, FL. 33156
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUE-002*
STREET ADDRESS	805283034 2C02 13 12/26/02
CITY-ST-ZIP	YUE 9125 SW 77TH AVE APT A501 MIAMI FL 33156-7660
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Xiao Sheng Yue* **RECEIVED** **Jan. 4, 2003** **305-598.9821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)