2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2004 8:00 am **Secretary of State** D@GUMENT # P02000007164 1. Entity Name 02-11-2004 90039 012 ***150.00 UNIVERSAL INTERNATIONAL MANAGEMENT, INC. Mailing Address Principal Place of Business 2447 NE 14TH ST. POMPANO BCH FL 33062 2447 NE 14TH ST POMPANO BCH FL 33062 3. Mailing Address 2. Principal Place of Business 1709 S.W. DYEN POINT NOHO 1209 S.W. DYER POINT NOAD Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For PALH CITY FLORIDA 90-0001355 PALM CITY, FLONDA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired FL 34990 USA USA FL 36990 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENE, ELLIOT Street Address (P.O. Box Number is Not Acceptable) 3405 NW 9TH AVE., #1201 FT. LAUDERDALE FL 33309 Zip Code 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. ZND FEBIZUAMY 7004 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MS TITLE Delete TITLE Change **☑** Addition PUGSLEY, DENNIS NAME NAME JEANETTE ANNSTRONG CHANGE OF ADDRESS 2447 NE 147H ST. POMPANO BCH FL 33062 1209 S.W. DYER POINT NOAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP 110 TITLE ☐ Change Addition TITLE ☐ Delete DENNIS PUBLIET NAME NAME 120G S.W. STEN POINT NOAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 additional statutes.

FILED

D.A. PUBSLE-2 ND FEBRUAR 7, 2004 772 463 1627