FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

May 27, 2003 8:00 am
Secretary of State
05-27-2003 90175 047 ***150.00

DOCUMENT # P02000011567

1. Entity Name
UNIVERSAL FINANCIAL NETWORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
409 W Hallandale Beach Blvd.	409 W Hallandale Beach Blvd.
Suite, Apt. #, etc. 211	Suite, Apt. #, etc. 211
City & State Hallandale Beach, Florida	City & State Hallandale Beach, Florida
Zip 33009 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1403602 ☐ 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 Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
City Miami FL 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.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSTD
NAME	Mondesir, Pierre M
STREET ADDRESS	409 W Hallandale Blvd. - Ste. 211
CITY-ST-ZIP	Hallandale Beach FL 33009
TITLE	VD
NAME	Mondesir, Roberta
STREET ADDRESS	409 W Hallandale Blvd. - Ste. 211
CITY-ST-ZIP	Hallandale Beach FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (×6)

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: [signature] 5/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TO WHOM IT MAY CONCERN:
WE ARE A NEW COMPANY AND WE DID NOT RECEIVE A FILING FORM. THEREFORE WE ARE RESPECTFULLY REQUESTING A WAIVER ON THE LATE FEE.
SINCERELY
[signature]