

# UNIFORM BUSINESS REPORT (UBR)

May 27, 2003 8:00 am  
Secretary of State

05-27-2003 90175 047 \*\*\*150.00

|                                                            |                                                                                  |
|------------------------------------------------------------|----------------------------------------------------------------------------------|
| DOCUMENT # <b>02000011567</b>                              |  |
| 1. Entity Name<br><b>UNIVERSAL FINANCIAL NETWORK, INC.</b> |                                                                                  |

**DO NOT WRITE IN THIS SPACE**

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

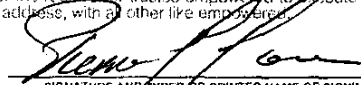
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|                                   |                                                                                        |                    |
|-----------------------------------|----------------------------------------------------------------------------------------|--------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent                                        |                    |
|                                   | Name <b>Spiegel &amp; Utrera, P.A.</b>                                                 |                    |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br><b>1840 Coral Way, 4th Floor</b> |                    |
|                                   | City <b>Miami</b>                                                                      | Zip Code <b>FL</b> |

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  | DATE _____                                                                                                                |
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        |                                                |                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>Mondesir, Pierre M<br/>409 W Hallandale Blvd. - Ste. 211<br/>Hallandale Beach FL 33009</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>Mondesir, Roberta<br/>409 W Hallandale Blvd. - Ste. 211<br/>Hallandale Beach FL 33009</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 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 employment. |                                                            |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date <b>5/21/03</b><br><small>Date Daytime Phone #</small> |

CR2E034B (12/02)

*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,  
