


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000025117		
1. Entity Name UNIVERSITY COMMERCIAL PLAZA, INC.		
Principal Place of Business 10740 SW 24 STREET MIAMI, FL 33165	Mailing Address PO BOX 55-8365 MIAMI, FL 33155	



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0569626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EGUSQUIZA, JOHN E
9130 SOUTH DADELAND BLVD
SUITE 1209
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

6. 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALONSO, ENRIQUE 10740 SW 24 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALONSO, CARIDAD 10740 SW 24 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALONSO, ELENA 10740 SW 24 STREET MIAMI, FL 33165
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02/19/05-80020-003 150.00

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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)(f), 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: Enrique Alonso Enrique Alonso 2/19/05 305-226-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #