

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000047760

1. Entity Name
UNIVERSAL INVESTMENTS & HOMES, INC.



Principal Place of Business

12701 S. JOHN YOUNG PKWY
STE 109
ORLANDO, FL 32837

Mailing Address

12701 S. JOHN YOUNG PKWY
STE 109
ORLANDO, FL 32837

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

08-07-2008 90063 039 ***150.00

**FILED
Aug 07, 2008 8:00 am
Secretary of State**

40112812



07172008 Chg-P CR2E034 (12/06)

4. FEI Number 02-0593779	Apptied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BYRNES, PERLA
12701 S. JOHN YOUNG PKWY
STE 109
ORLANDO, FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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)

8-01-08

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BYRNES, PERLA
STREET ADDRESS 176 CORAL REEF CIRCLE
CITY ST-ZIP KISSIMMEE, FL 34743

Delete

TITLE VP
NAME MALDONADO, JIMMY
STREET ADDRESS 176 CORAL REEF CIR
CITY ST-ZIP KISSIMMEE, FL 34743

Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-01-08

Date

Daytime Phone #

40712812

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number - FEI Number Status Listed Above Applied For Not ApplicableCertificate of Status \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution Yes No**Principal Place of Business**Address (PO Box not acceptable)Suite, Apt. #, etc. City, State , Zip Code & Country **Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

 Mailing address same as principal addressAddress Suite, Apt. #, etc. City, State , Zip Code & Country **Name And Address of Registered Agent**Name (Last, First, Middle, Title)

- OR -

Business to serve as RA Street Address In Florida (PO Box not acceptable)

ATTACHMENT

40112812
#PO2000047760

Suite, Apt. #, etc.

STE 109

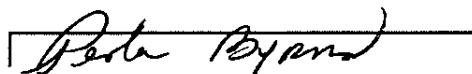
City, State

ORLANDO, FL

Zip Code & Country

32837 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

PD

Name (Last, First, Middle, Title)

BYRNES, PERLA

- OR -

Entity Name to serve as Officer/Director

Street Address

176 CORAL REEF CIRCLE

City, State

KISSIMMEE, FL

Zip Code & Country

34743

Name And Address #2

Title

VP

Name (Last, First, Middle, Title)

MALDONADO, JIMMY

- OR -

Entity Name to serve as Officer/Director

Street Address

176 CORAL REEF CIR

City, State

KISSIMMEE, FL

Zip Code & Country

34743

Name And Address #3

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

ATTACHMENT

40112812

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Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

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Credit Card Payment

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Sunbiz E-file account number

Password

E-mail Address

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