

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90078 043 ***150.00

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DOCUMENT # P02000065595

1. Entity Name
UNIVERSAL COMPANIES, INC.



Principal Place of Business
**19495 BISCAYNE BLVD.
SUITE 408
AVENTURA, FL 33180**

Mailing Address
**19495 BISCAYNE BLVD.
SUITE 408
AVENTURA, FL 33180**



2. Principal Place of Business

1000 S PINE ISLAND NO

3. Mailing Address

1000 S PINE NO

Suite, Apt. #, etc.

430

Suite, Apt. #, etc.

430

☒ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION

City & State
PLANTATION

4. FEI Number

56-2281802

Applied For

Not Applicable

Zip

Country

33324 FL

Zip

Country

33324 FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOLCHIN, STEVN
3864 SHERIDAN STREET
HOLLYWOOD FL 33021**

Name

RONALD LEVINE

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

1000 SOUTH PINE ISLAND NO 430

PLANTATION

FL

33324

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 **RONALD LEVINE**

2/1/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEVINE, RONALD M
19495 BISCAYNE BLVD., SUITE 408
ADVENTURA FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RONALD LEVINE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03 **1-954-670-0888**
Date Daytime Phone #

CR2E034 (10/02)