

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91869 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000076854	
1. Entity Name	
UNIVERSE ENTERTAINMENT INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2800 W OAKLAND PARK BLVD. # 107 Suite, Apt. #, etc.	3. Mailing Address 2800 W OAKLAND PARK BLVD. Suite, Apt. #, etc. 107
City & State OAKLAND PARK, FL	City & State OAKLAND PARK, FL
Zip 33311	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3857903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DIXON ALEXANDRE	
Street Address (P.O. Box Number is Not Acceptable) 2800 W OAKLAND PARK BLVD. # 107	
City OAKLAND PARK	Zip Code 33311

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOSEPH NORMIL P.O. BOX 934133 MARGATE, FL 33093
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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 empowered.

SIGNATURE:  **JOSEPH NORMIL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2003

Date

(954) 255-9696

Daytime Phone #