2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000078121 **DOCUMENT #**

1. Entity Name



FILED Mar 03, 2003 8:00 am 8 Secretary of State

UNIVERS	SAL HOLDINGS AND INVE	STMENT	TS INC.				03-03-2003	J0J00 010	150	
Principal Pla 7887 NW 55 MIAMI FL 331		Mailing Address 7887 NW 55 ST. MIAMI FL 33166				1 188411	10 1 MJ 88 4 0 MBM 8844 8	DOLL BOURH ORDIGERRO	Li (B/B1 (1811) (14 40) 51 5 5 1 46 1
2. Principal I	Place of Business	3. Ma	ailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE	E MAKING (THANGES	•
City & State		City & State				4. FEI Number Applied Fo				pplied For
Zip	Country	Zip		Country			of Status Desired	rı \$	8.75 Ad	
	6. Name and Address of Curre	nt Register	ed Agent		1	7. Name and	I Address of New I		ee Require	∌ d
CADRAII	O, CIRO J		Name							
7887 NW	•		Street Address			(P.O. Box Number is Not Acceptable)				
MIAMI FL	·						, <u>, ,</u>			
હ				City				FL	Zip Cod	le l
8. The above the obligation	e named entity submits this statement tions of registered agent.	for the purp	pose of changing its	registered office or	registere	d agent, or bo	th, in the State of FI	orida. 1 am far	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if ap	plicable. (NOTE	: Registered Agent signatu	re required v	vhen reinstating)		DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					I	ection Campaign Fi st Fund Contribution	~ —		00 May Be d to Fees
10.	OFFICERS AN) PRS	11.		ADDITIONS,	CHANGES TO OFF	FICERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, GUILLERMO F 7887 NW 55 ST. MIAMI FL 33166		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARBELLO, CIRO J 7887 NW 55 ST. MIAMI FL 33166		☐ Delete	TITLE	720 242 788	BALLO,	Ciro :), >	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CESPON, ANTONINO O 7887 NW 55 ST. MIAMI FL 33166		□ · Delete ·	NAME STREET ADDRESS CITY-ST-ZIP				Ē	_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				C] Change	☐ Addition
TITLE NAME Street address City-St-Zip			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				C] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,, s tic] Change	Addition
of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an appress.	owered to	accurate and that m execute this report a							

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 718-4277

Daytime Phone #