

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097134

FILED
Apr 28, 2004
Secretary of State

Entity Name: UNIVERSAL CAREER INSTITUTE, INC.

Current Principal Place of Business:

4944 UNIVERSITY DRIVE
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4944 UNIVERSITY DRIVE
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 02-0648720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINE, ROBERT
4944 UNIVERSITY DRIVE
LAUDERHILL, FL 33351

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHINE, ROBERT
Address: 4862 KENSINGTON CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V () Delete
Name: SHINE, JOANNE
Address: 4862 KENSINGTON CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: T () Delete
Name: GARCIA, MICHAEL
Address: P. O. BOX 227638
City-St-Zip: MIAMI, FL 33122

Title: S () Delete
Name: TRIOLET-RODRIGUEZ, PATRICIA A
Address: 2580 NW 106TH AVENUE
City-St-Zip: MIAMI, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F. SHINE

P

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date