P03000058522

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1
į
E .

Office Use Only



11/04/10--01005--016 **35.00

200 MOV 17 P 3 I

RAChange News

TO: Amendment Section Division of Corporations

SUBJECT:	Universal Conquest Investment. INC						
<u>-</u>	Name of Corporation						
DOCUMENT NU	MBER:P03000058522						
The enclosed States	nent of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all con	respondence concerning this matter to the following:						
-	Asha Maharaj Name of Contact Person						
	Name of Contact Person						
	Universal Conquest Investment. INC						
Firm/Company							
	0440 NNAI 7011- NAI						
	2116 NW 76th Way Address						
	Addiess						
Margate, FL 33063							
	Margate, FL 33063 City/State and Zip Code						
surenmaharaj@gmail.com							
	E-mail address: (to be used for future annual report notification)						
Ear fouther informs	ion concerning this motter places calls						
roi turtiler informa	ion concerning this matter, please call:						
Asha Maharaj at (954) 9709490 Name of Contact Person Area Code & Daytime Telephone Number							
Nan	e of Contact Person Area Code & Daytime Telephone Numbe						
Enclosed is a \$35.00	check made payable to the Department of State.						

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED
10 NOV 17 AM 8: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 5, 2010

ASHA MAHARAJ UNIVERSAL CONQUEST INVESTMENT INC. 2116 NW 76TH WAY MARGATE, FL 33063

SUBJECT: UNIVERSAL CONQUEST INVESTMENT INC.

Ref. Number: P03000058522

We have received your document for UNIVERSAL CONQUEST INVESTMENT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 610A00026146

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submittéd for a c o	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida		
1. The name of	the corporation: Unive	rsal Conques	t Investments Inc.			
	office address: 2116 N	•				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	5/19/2003	Document number:	P03000058522		
	d street address of the cur rtment of State: (If resign		at and registered office on t	île with the		
	<u>Omav</u> Maharaj					
2116 NW 76th Way Margate FL 33063						
			* * * * * * * * * * * * * * * * * * * *			
6. The name and (if changed):	I street address of the nev	v registered agent (i	f changed) and /or register	ed office		
	2116 NW 76th Way	y Margate FL 33 P.O. Box NOT ac		J. J		
The street address changed will	ess of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agent,		
Such change w authorized by the	as authorized by resoluti he board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.		
Alla	Mahanaj		Asha Ma	aharaj ne and title		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as lregi to comply with the provi id I am familiar with and ing filed merely to reflec s been notified in writing	stered agent and a sions of all statute. I accept the obliga t a change in the r g of this change.	gree to act in this capacit s relative to the proper ar tion of my position as reg eyistered office address, l	ly. nd complete performance istered agent. Or, if this hereby confirm that the		
11/10/2010 Date				2010		
If signing on be	half of an entity:					
	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *