

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90059 017 \*\*\*150.00

DOCUMENT # P03000132158

1. Entity Name

UNIVERSAL BILLING SYSTEMS INC.



Principal Place of Business

~~10971 SW3 59TH TERRACE~~  
~~MIAMI FL 33173~~

Mailing Address

~~10971 SW3 59TH TERRACE~~  
~~MIAMI FL 33173~~

2. Principal Place of Business

11890 S.W. 8 St.

Suite, Apt. #, etc.

Suite #209

City & State

MIAMI, FL

Zip

33184 U.S.A

3. Mailing Address

11890 S.W. 8 St.

Suite, Apt. #, etc.

Suite #209

City & State

MIAMI, FL

Zip

33184 U.S.A



MOORE

CR2E034 (11/03)

4. FEI Number

20-0395700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIDALGO-GATO, AYLEN  
10971 SW3 59TH TERRACE  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

SAME

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

11890 S.W. 8 St.

Suite #209

City

MIAMI

FL

Zip Code

33184

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

Aylen Hidalgo-Gato SVO

2/19/04

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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

TITLE PD ☐ Delete

NAME CHAPLE, MILE  
STREET ADDRESS 10971 SW3 59TH TERRACE  
CITY-ST-ZIP MIAMI FL 33173

TITLE SVD ☐ Delete

NAME HIDALGO-GATO, AYLEN  
STREET ADDRESS 10971 SW3 59TH TERRACE  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME 11890 S.W. 8 St. Suite #209  
STREET ADDRESS MIAMI, FL 33184  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 11890 S.W. 8 St. Suite #209  
STREET ADDRESS MIAMI, FL 33184  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Aylen Hidalgo-Gato / Aylen Hidalgo-Gato 2/19/04 (305) 425-1240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #