

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132596

FILED
Mar 15, 2005
Secretary of State

Entity Name: UNIVERSITY COMMONS OF BROWARD, INC.

Current Principal Place of Business:

1920 HALLANDALE BEACH BLVD.
602
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 661169
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 20-0795137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLSTEIN, ARNOLD ESQ.
441 MONTCLAIRE DR.
WESTON, FL 33326 US

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: D () Delete
Name: ALWEISS, ALAN
Address: 1920 HALLANDALE BEACH BLVD. #602
City-St-Zip: HALLANDAL, FL 33009

Title: D () Delete
Name: ALWEISS, IRA
Address: 1925 BRICKELL AVE. #D1403
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALWEISS, ALAN
Address: 1920 HALLANDALE BEACH BLVD. #602
City-St-Zip: HALLANDALE, FL 33009

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: IRA ALWEISS

PRES

03/15/2005

Electronic Signature of Signing Officer or Director

Date