

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90684 007 ***150.00

DOCUMENT # P03000137058					
1. Entity Name UNIVERSAL LOW-CARB, INC.					
Principal Place of Business 555 N. FEDERAL HIGHWAY BOCA RATON, FL 33432			Mailing Address 555 N. FEDERAL HIGHWAY BOCA RATON, FL 33432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 20-0406025			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISH, MICHAEL K 555 N. FEDERAL HIGHWAY BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name: FISH, MICHAEL K Street Address (P.O. Box Number is Not Acceptable): 7700 N. KENDALL DRIVE #501 City: MIAMI FL Zip Code: 33156		
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: <i>[Signature]</i>			DATE: 4/27/04		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATH, AMIR 7481 MALIBU CRESCENT BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZENBLUM, MOSHE 9842 S.W. 118TH AVENUE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.					
SIGNATURE: <i>[Signature]</i>			DATE: 4-29-04		
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR			TELEPHONE # (381) 391-1113		

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