

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90317 021 ***150.00

DOCUMENT # P04000005642 1. Entity Name UNIVERSAL AUTO GROUP CORP.					
Principal Place of Business 349 GOLD STONE PLACE LAKE MARY, FL 32746			Mailing Address 349 GOLD STONE PLACE LAKE MARY, FL 32746		
2. Principal Place of Business 540 N. Hwy 434 Suite, Apt. #, etc. 129		3. Mailing Address 469 ELMWOOD Cir. Suite, Apt. #, etc.			
City & State ALTAMONTE SPRINGS, FL		City & State LAKE MARY, FL			
Zip 32714	Country USA	Zip 32746	Country USA	4. FEI Number 20-0614854	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OVALLES RIVAS, JULIO C 349 GOLD STONE PLACE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name OVALLES RIVAS, JULIO C Street Address (P.O. Box Number is Not Acceptable) 469 ELMWOOD Circle City LAKE MARY FL Zip Code 32746		
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: <u><i>[Signature]</i></u> DATE: <u>3/22/05</u> Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P OVALLES RIVAS, JULIO C 349 GOLD STONE PLACE LAKE MARY, FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIZARDO TAVARES, JOAQUIN A 349 GOLD STONE PLACE LAKE MARY, FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DIAZ, JOSEPH F 1105 POINTE COVE, APT. # 207 LAKE MARY, FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>3/22/05</u> Daytime Phone #: <u>(407) 474-9922</u>		

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