FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90034 044 ***158.75

DOCUMENT # P04000092296

1. Entity Name: Universal Property Mgmt and Consultants Inc.

600003457

EIN 20-1247276

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Document #

2. Principal Place of Business	3. Mailing Address
4917 SW 167 ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar FL	City & State: Same
Zip: 33027 Country: USA	Zip: Country:

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MARTHA TORRES

Street Address (P.O. Box Number is Not Acceptable): 754 W 72 Place

City: Hialeah FL Zip Code: 33014

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: Martha Torres — — — 1/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Marta Bascoy	NAME	
STREET ADDRESS	4917 SW 167 ave	STREET ADDRESS	
CITY-ST-ZIP	Miramar FL 33027	CITY-ST-ZIP	
TITLE	Vice President Treasurer	TITLE	
NAME	Jose Rene Bascoy	NAME	
STREET ADDRESS	4917 SW 167 ave	STREET ADDRESS	
CITY-ST-ZIP	Miramar FL 33027	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Marta Maria Bascoy	NAME	
STREET ADDRESS	4917 SW 167 ave	STREET ADDRESS	
CITY-ST-ZIP	Miramar FL 33027	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marta Bascoy 1/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #