

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90011 040 ***158.75



DOCUMENT # P04000092296
 1. Entity Name
UNIVERSAL PROPERTY MANAGEMENT & CONSULTANTS, INC

Principal Place of Business Mailing Address
 4917 SW 167 AVE 4917 SW 167 AVE
 MIRAMAR FL 33027 MIRAMAR FL 33027
 US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1380 NE Miami Gardens Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 230

City & State City & State
 Miami Florida

Zip Country Zip Country
 33179 USA

4. FEI Number 20-1247276
 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)



6. Name and Address of Current Registered Agent
 TORRES, MARTHA
 954 W 72 PLACE
 HIALEAH FL 33014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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* **MARTHA TORRES** 1-25-07
Signature, typed or printed name of registered agent and title (not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	BASCOY, MARTA	
STREET ADDRESS	4917 SW 167 AVE	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BASCOY, JOSE RENE	
STREET ADDRESS	4917 SW 167 AVE	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE	S	<input type="checkbox"/> Delete
NAME	BASCOY, MARTA MARIA	
STREET ADDRESS	4917 SW 167 AVE	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Marta Bascoy* **MARTA BASCOY** 1-25-07 305 949-0006
Signature and typed or printed name of signing officer or director Date Daytime Phone #