. Entity Name JNIVERSAL Inicipal Place of 483 SW 24 STR TE 203 AIAMI, FL 3315 . Principal Place 7490 Suite, Apt. 4 of Suite, Apt. 4 of City & State 219 3315 CUTIERREZ,			23 stres e 202	May 13, 2008 8 Secretary of S 05-13-2008 90010 016 ***			
JNIVERSAL rincipal Place of 483 SW 24 STR TE 203 AIAMI, FL 3315 . Principal Place 7490 Suite, Apt. # of City & State AIAMI, FL 3315 Suite, Apt. # of City & State AIAMI, FL 3315 Suite, Apt. # of City & State AIAMI, FL 3315 SUITERREZ,	Business \overline{EET} 5 of Business No P.O. Box # $\overline{SW23Street}$ $\overline{SW23Street}$ \overline{FL} \overline{FL} $\overline{SV23Street}$ $\overline{SV23Street}$	Mailing Address 7483 SW 24 STREET STE 203 MIAMI, FL 33155 3. Mailing Address 7490 SW2 Suite Apt. #, arc. Vni F. A. State Miami, FL	2 <u>3 stres</u> e 202	05082008 Chg-P CR2E034 (12			
483 SW 24 STR TE 203 AIAMI, FL 3315 . Principal Place 7490 Suite, Apt. 4 or MIA City & State MI AMI Zip 3315 SUTIERREZ,	tet 5 5 5 5 5 5 5 5 5 5 5 5 5	7483 SW 24 STREET STE 203 MIAMI, FL 33155 3. Mailling Address 7490 SW2 Suite Apt. #, gtc. Vni F. A. State City & State Highni, FL	23 Strees e 202	05082008 Chg-P CR2E034 (12	/06)		
ITE 203 MAMI, FL 3315 Principal Place 7490 Suite, Apt. #c UNT City & State City & State 219 3315 EUTIERREZ,	5 of Business: No P.O. Bgx # 5W23Street tc. A, Ste202 FL SCountry USA	7483 SW 24 STREET STE 203 MIAMI, FL 33155 3. Mailling Address 7490 SW2 Suite Apt. #, gtc. Vni F. A. State City & State Highni, FL	2 <u>3 Stree</u> e 202	05082008 Chg-P CR2E034 (12	/06)		
Alami, FL 3315 Principal Place TY90 Suite, Apt. # of City & State Tig 3315 City & State City & State Suite, Apt. # of City & State City & State	of Business No P.O. Box # SW 23 Street C-A, Ste 20 Z FL S Country USA	MIAMI, FL 33155 3. Mailing Address 7490 SWG Suite Apt. #, arc. Vni F A State City & State Highni, FL	13 Strees e 202	05082008 Chg-P CR2E034 (12	/06)		
Suite, Apt. 190 Suite, Apt. 190 UNIT City & State 210 3315 GUTIERREZ,	SW23Street A, Ste202 FL S COUNTRY	7490 8W2 Suite Apt. #, pic. Vni F A State Miami, FL	23 8 free e 202	05082008 Chg-P CR2E034 (12	/06)		
Unp Pig & State Mi ami Zip 3315 GUTIERREZ,	5 USA	Miami, H	e 202		/06)		
<u>Hiani</u> <u>3315</u> GUTIERREZ,	5 USA	Miami, H	- 				
3315 OUTIERREZ,	5 USA	Zip	•	4. FELNumber 26-1403438	Applied For Not Applicable		
GUTIERREZ,	5. Name and Address of Current Re	ブネックケー	Country		5. Additional		
		<u>SOIDS</u> egistered Agent	<u> </u>	7. Name and Address of New Registered Agent	equired		
	FRANCISCO I		Name				
GUTIERREZ, FRANCISCO J 7483 SW 24 STREET STE 204 MIAMI, FL 33155			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
17 (117, 1 2 33	100		City	FL ^{Zi}	Code		
The above nam	and entity submits this statement for t	be purpose of changing its re	vaistered office or re	istered agent, or both, in the State of Florida. I am familia			
	of registered agent.	the polipose of changing its re	gistered onice of h	stered agent, or both, in the state of honda. Tannamila	with, and accept		
IGNATURE							
Sign:	ature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature	puired when reinstating) DATE			
	NOWIII FEE IS \$150.00 by September 12, 2008	 Election Campaign Trust Fund Contrib 	~ ~	\$5.00 May Be Added to Fees In accordance with s. 607.193(2 corporation did not receive the			
0. TIF P	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
	JTIERREZ, FRANCISCO J	Delete	TITLE NAME	a = 225 L	ange Addition		
	83 SW 24 STREET, STE 203		STREET ADDRESS	1490 Sev 2357-Uni Miami FL. 33155	202		
	AMI; FL-33155						
	mbellWazavez		TITLE NAME		ange 🗌 Addition		
	nabellevazquez 190 sw 23 st niame, FL, 331	Unit A, Stetol	STREET ADDRESS CITY-ST-ZIP				
TLE AME	,	Delete	TITLE		ange 🗌 Addition		
TREET ADDRESS			NAME STREET ADDRESS				
TY-ST-ZIP			CITY-ST-ZIP				
TLE		Delete	TITLE		ange 🔲 Addition		
AME IREET ADDRESS			NAME STREET ADDRESS				
TY-ST-ZIP			CITY-ST-ZIP				
TLE		Delete	TITLE	CI CI	ange 🔲 Addition		
ame Treet address			NAME STREET ADDRESS				
TY-ST-ZIP			CITY-ST-ZIP				
TLE		Delele	TITLE	CI	ange 🗌 Addition		
AME Ireet Adoress			NAME - STREET ADDRESS				
ITY-ST-ZIP			CITY-ST-ZIP				
of the corpora	y that the information supplied with th his report or supplemental report is tr tlion or the receiver of truskee empow on an attachment with an address, with	rue and accurate and that my rered to execute this report as	the exemptions cor signature shall hav s required by Chap	ined in Chapter 119, Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an e 607, Florida Statutes; and that my name appears in Block	officer or director 10 or Block 11 if		
SIGNATU		Ulf /		5/9/08 788/262-	8752		