

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**  
 08-21-2000 90212 012 \*\*\*150.00

**DOCUMENT # P93000048922**



1. Entity Name  
**UNIVERSAL INTERNATIONAL INC.**

Principal Place of Business 10422 NW 7TH AVE MIAMI FL 33150 US	Mailing Address 10422 NW 7TH AVE MIAMI FL 33150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PARBTANI, SHOUKAT**  
 10422 NW 7TH AVE  
 MIAMI FL 33150

7. Name and Address of New Registered Agent  
 Name: **ASHIBALI M. KHALANI**  
 Street Address (P.O. Box Number is Not Acceptable): **1786 N.W. 165 AVE**  
 City: **P. PINES** FL Zip Code: **33028**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BHATTI, MOHAMMAD</b>
STREET ADDRESS	<b>10422 NW 7TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PARBTANI, SHOUKAT</b>
STREET ADDRESS	<b>10422 NW 7TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>
TITLE	<del><b>D</b> <input type="checkbox"/> Delete</del>
NAME	<del><b>VIRANI, AZIMUDDIN</b></del>
STREET ADDRESS	<del><b>10422 NW 7TH AVE</b></del>
CITY-ST-ZIP	<del><b>MIAMI FL 33150</b></del>
TITLE	<del><b>ALKARIM VIRANI</b> <input type="checkbox"/> Delete</del>
NAME	<del><b>ALKARIM VIRANI</b></del>
STREET ADDRESS	<del></del>
CITY-ST-ZIP	<del></del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALKARIM VIRANI</b>	
STREET ADDRESS	<b>215 NW 158 AVE</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33028</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **ALKARIM VIRANI** **REQUIRED** **X** **8/15/00** **X** **(305) 751-2929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment P93 000028922  
D08W93



**Siler & Yaffe**

Certified Public Accountants

2419 Hollywood Blvd. • Hollywood, FL 33020

Edward J. Siler, C.P.A.  
Stephen R. Yaffe, C.P.A.

Dade: (305) 652-8882  
Broward: (954) 920-9450  
Fax: (954) 920-9445

August 16, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Universal International, Inc.  
FEI 65-0521301

To whom it may concern:

This letter is accompanying this Uniform Business Report to notify you that our client, as noted above, never received their first mailing of this report. Had they received the first mailing, they would have promptly paid the \$150.00 fee before the May 1 due date. We ask that you please accept this payment in the amount of \$150.00 and waive the additional fees. Again, Universal did not realize that this report was due until the second mailing was sent to them. Thank you for any assistance in this matter.

Sincerely,

Darin Cowie,  
for the firm

MEMBERS OF:

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS