

2000 UNIFORM BUSINESS REPORT (UBR)

0196539

DOCUMENT # P93000078519

1. Entity Name

UNIVERSAL WORLD TRADE, INC.

FILED

00 MAR 16 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O MARC H. AVERBACH
201 S. BISCAYNE BLVD. STE 2000
MIAMI FL 33131
US

C/O MARC H. AVERBACH
201 S. BISCAYNE BLVD. STE 2000
MIAMI FL 33131-4338
US

2. Principal Place of Business

to Marc H. Averbach
Suite, Apt. #, etc.

3. Mailing Address

to Marc H. Averbach
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0375918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVERBACH, MARC H ESQ
201 S. BISCAYNE BLVD
#2000
MIAMI FL 33131

Name

Averbach, Marc H.

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME ROZINSKY, EDWARD ☐ Delete
STREET ADDRESS 1458 NW 82 AVE 3349 NW 97 Ave
CITY-ST-ZIP MIAMI FL 33128 Miami FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 8000003183318--1

TITLE VS
NAME ROZINSKY, M ☐ Delete
STREET ADDRESS 1458 NW 82 AVE 3349 NW 97 Ave
CITY-ST-ZIP MIAMI FL 33128 Miami FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP -03/24/00--01681 Change 003
*****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00 305-718-9870

SP

CR2E034 (9/99)