

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000033945 (4)**

1. Corporation Name

UNIVEST DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

**600 PALM AVE.
SUITE A
HIALEAH FL 33010**

**600 PALM AVE.
SUITE A
HIALEAH FL 33010**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBAINA, JULIO
600 PALM AVENUE
SUITE A
HIALEAH FL 33010**

3. Date Incorporated or Qualified
05/05/1994

3a. Date of Last Report
07/14/1995

4. FET Number

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and their application

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1111 ☐ DELETE

NAME
**P
ROBAINA, JULIO A
600 PALM AVE., SUITE A
HIALEAH FL 33010**

1111 ☐ DELETE

NAME
**V
GESTIDO, ANTONIO JR.
600 PALM AVE., SUITE A
HIALEAH FL 33010**

1111 ☐ DELETE

NAME
**ST
MACHADO, LUIS
600 PALM AVE., SUITE A
HIALEAH FL 33010**

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

1111 ☐ DELETE

NAME

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**500001789815
-04/23/96--01012--016
***200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

4-15-96
4-22-96