

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 # P95000004162 (0)

1. Corporation Name

UNIVERSAL REALTY CORP.



Principal Place of Business

409 W. HALLANDALE BEACH BLVD.
SUITE 206
HALLANDALE FL 33009

Mailing Address

409 W. HALLANDALE BEACH BLVD.
SUITE 206
HALLANDALE FL 33009

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 600 PARKVIEW DR.

26 600 PARKVIEW DR

4. FEI Number

65-0550992

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

Suite, Apt. #, etc.

22 APT 1103

Suite, Apt. #, etc.

27 APT. 1103

City & State

23 HALLANDALE FLA

City & State

28 HALLANDALE FLA

Zip

24 33009

Country

25 U.S.A

Zip

29 33009

Country

30 U.S.A

9. Name and Address of Current Registered Agent

GOMEZ, FAUSTO
409 W. HALLANDALE BEACH BLVD.
SUITE 206
HALLANDALE FL FL330-09

10. Name and Address of New Registered Agent

81

Name

GOMEZ FAUSTO

82

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

600 PARKVIEW DR

83

APT 1103

84

City

HALLANDALE

FL

85

Zip Code

33009

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

Fausto Gomez

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
GOMEZ, FAUSTO
409 W. HALLANDALE BEACH BLVD., STE. 206
HALLANDALE FL 33009 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PRESIDENTE
FAUSTO GOMEZ
600 PARKVIEW DR. APT 1103
HALLANDALE FL 33009 ☐ 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
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fausto Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FAUSTO GOMEZ

3/13/96

Date

(954) 456-8858

Daytime Phone #

CR2E034 (12/95)