

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004162

1. Entity Name

UNIVERSAL REALTY CORP.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90100 043 \*\*\*150.00

Principal Place of Business

1920 E HALLANDALE BCH BLVD  
SUITE 637  
HALLANDALE FL 33009  
US

Mailing Address

1920 E HALLANDALE BCH BLVD  
SUITE 637  
HALLANDALE FL 33009-4733  
US

A9000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18335 COLLINS AVE  
Suite, Apt. #, etc.  
C-1

3. Mailing Address

18335 COLLINS AVE  
Suite, Apt. #, etc.  
C-1

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

4. FEI Number

65-0550992

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAUSTO, GOMEZ  
1920 E HALLANDALE BCH BLVD  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

FAUSTO GOMEZ

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

18335 COLLINS AVE

City

C-1

City

SUNNY ISLES BEACH FL

Zip Code

33160

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

TITLE P  
NAME GOMEZ, FAUSTO  
STREET ADDRESS 1920 E HALLANDALE BCH BLVD  
CITY-ST-ZIP 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME GOMEZ, FAUSTO  
STREET ADDRESS 18335 COLLINS AVE SUITE C-1  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(305) 466-9344

Daytime Phone #

CR2000 05/09/00