2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alyana Polime

Feb 28, 2004 08:00 AM DOCUMENT # P95000065484 **Secretary of State** 1. Entity Name THE UNIVERSITY FEDERATION, INC. . . Mailing Address Principal Place of Business 2100 S OCEAN LANE, #2507 FT LAUDERDALE FL 33316 2100 S OCEAN LANE, #2507 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apr. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0620507 Not Applicable Žio Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHURE, ALEXANDER DR. Street Address (P.O. Box Number is Not Acceptable) 2100 SOUTH OCEAN LAKE FORT LAUDERDALE FL 33316 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NONE **PSTD** ☐ Defete TITLE TITLE ☐ Change SCHURE, ALEXANDER DR MAKE NAME STREET ADDRESS 2100 S OCEAN LANE, #2507 STREET ADDRESS 03/01/04-80050-013 150.00 CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TETLE ☐ Delete BILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7iP CITY-ST-7IP Delete BILE Change SITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Delete BIRF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP THE Delete BILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete BBLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 12. 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 10 or Block 11 if

FILED

-02-26-2004

954 522 7133