FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90467 027 ***150.00

90052324

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065484

1. Entity Name THE
UNIVERSITY FEDERATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2100 SOUTH OCEAN LANE
Suite, Apt. #, etc.
City & State
FORT LAUDERDALE, FL
Zip 33316 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0620507 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name DR. ALEXANDER SCHURE
Street Address (P.O. Box Number is Not Acceptable) 2100 SOUTH OCEAN LANE
City FORT LAUDERDALE FL Zip Code 33316

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: Dr Alexander Schure 03-11-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	DR. ALEXANDER SCHURE	NAME	
STREET ADDRESS	2100 SOUTH OCEAN LANE	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CR2E034B (12/02)

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

SIGNATURE: Dr Alexander Schure DR. ALEXANDER SCHURE March, 2003 954 522 7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #