

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000077116

1. Entity Name

Universal Endoscopic Services, Inc.

FILED

Jun 27, 2002 8:00 A.M.

Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6861 S.W. 196TH Ave

3. Mailing Address

6861 S.W. 196TH Ave

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33332

Country

Broward

Zip

33332

Country

Broward

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01-02

4. FEI Number

593349269

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James Madison

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

3517 S.W. 174TH Way

City

Miramar

FL

Zip Code

33029

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 James Madison

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

(NOTE: Registered Agent signature required when reinstating)

5/8/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
James Madison
3517 S.W. 174TH Way
Miramar, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02 954-252-7110

DATE

Daytime Phone #

25 7/1/02