FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000021727 (8)

UNIVERSITY CORP CENTER INC.

FILED

UNIVE	RSITY COPY CENTER, INC.		(-)		 	
Principal Plac	te of Business	Mailing Address			-{	:
FIU UNIVERSITY PARK 7560 S.W. 135TH ST GRAHAM CENTER 164 MIAMI FL 33156-6854 MIAMI FL 33199					DO NOT WRITE	IN THIS SPACE
U\$,					3. Date Incorporated or Qualified	
					03/08/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65 -06 96659	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	☐ Added to Fees	
Zip	Country Zip			Country 8. This corporation owes or has paid the current year Intangible		
24	25 29 30			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
	9. Name and Address of Currer	I Registered Agent			10. Name and Address of New Re	gistered Agent
BIE	er, J oseph Jr.			81 Name		
750	90 S.W. 135TH STREET			B2 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
MIAMI FL 33156-6854						
				83		
				B4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	a Statutes, the	above-named corpo	pration submits this statement for the p	
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida, Such changations of, Section 607.0	je was authori: 505, Florida S	zed by the corporation tatutes.	oration submits this statement for the p on's board of directors. I hereby accep	ot the appointment as registered
OIGHATOTIE	Signature, typed or printed name of regulared ago	nt and little d applicable	(NO1E : Registe	ored Agent signature require	d when reinstating)	DATE
12.	OFFICERS ANI		1;	3.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	[_] DE	ETE 1.1	TITLE		Change Addition
NAME	BIER, JAMES		1.2	NAME		
STREET ADDRESS	15031 SW 156 TERR		1.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL			I CITY-ST-ZIP		
TITLE	CEOV	☐ DEI	E1E 2.1	TITLE		Change Addition
NAME	BIER, JOSEPH JR		2.2	? NAME		
STREET ADDRESS	7560 SW 135 ST		23	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	— — — — — — — — — — — — — — — — — — —		4 CITY-ST-ZIP		
TITLE	BEC. ITREASURER ERVIN, FOANNA 10420 SW 1995	☐ DEL	_	TITLE		Change Addition
NAME	FRUIN, JOANNA	.		NAME		
STREET ADDRESS	10420 SW 199 3			STREET ADDRESS		
CITY-ST-ZIP	MINHI, FL			I. CITY-ST-ZIP		Chor Later
TITLE		☐ DEL		TITLE		☐ Change ☐ Addition
NAME				2 NAME		
STREET ADDRESS	•			STREET ADDRESS		
CITY-ST-ZIP		DEL		TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_ 100		NAME		C purello C vodition
STREET ADDRESS				I		
! '				STREET ADDRESS		
CITY-ST-ZIP TITLE		DEL		CITY-ST-ZIP TITLE		Change Addition
NAME		_ 0.0		NAME		C committee C very and an in
STREET ADDRESS				STREET ADDRESS		
STREET ADDRESS			0.3	STREET MODIFIED		

14. Thereby 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 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.