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3/10/97

FLORIDA DIVISION OF CORPORATIONS
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((H97000004073 7)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: UNIVERSITY CONSULTANTS, INC.

AUDIT NUMBER.....H97000004073

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..0

PAGES..... 2

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

RECEIVED
97 MAR 10 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
97 MAR 10 PM 4: 31
STATE
TALLAHASSEE, FLORIDA

Corporations - 96 ✓
Linda

H97000004073

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

UNIVERSITY CONSULTANTS, INC

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE VII THE BOARD OF DIRECTORS.

THIS CORPORATION SHALL HAVE TWO (2) DIRECTORS. THE NUMBER OF DIRECTORS MAY INCREASED OR DIMINISHED FROM TIME TO TIME BUT NEVER LESS THAN ONE (1). THE NAME AND ADDRESS OF DIRECTORS OF THE CORPORATION ARE:

NAME	TITLE	ADDRESS
DANILO MONZON	PRESIDENT	9525 S.W 97th Ave Miami, FL. 33176
NIURKA SOLA	VICE-PRESIDENT, SECRETARY AND TREASURER	978 W.80th Place Hialeah, FL. 33014

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

PREPARE BY: DANILO MONZON
9525 S.W 97th Ave
Miami, FL. 33176

Phone : (305) 274-1805

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TALLAHASSEE, FLORIDA

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THIRD: The date of each amendment's adoption: 03/05/97

FOURTH: Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 5th day of MARCH, 19 97

Signature _____

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DANILO MONZON

Typed or printed name

PRESIDENT

Title

H97000004073

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STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Charles J. Grimsley & Associates, P.A. EIN or SS#: _____

Address: 1880 Brickell Avenue
Miami, Florida 33129

Amount: \$35.00 Date Paid _____

Reason for claim: Received duplicate payment for amendment on
ATTORNEY-CLIENT PRIVILEGES, INC., Document number P96000046232.

Darlene Connell - Amendment Section

~~Certified true and correct~~ this 3rd day of March, 1997.

Signature: Charles J. Grimsley

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01049-017</u> dated <u>02/11/97</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	_____ (Authorized Signature and Title)

Requestor's Name

Charles J. Grimsley and Associates, P.A.

Attorneys and Counselors at Law

1880 Brickell Avenue
Miami, Florida 33129

Office Use Only

IBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

700002083457--1
-02/11/97--01049--017
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Ne
2-14-07

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 20, 1997

UCC FILING & SEARCH SERVICES, INC.
ATTN: BETTY
TALLAHASSEE, FL

SUBJECT: ATTORNEY - CLIENT PRIVILEGES, INC.
Ref. Number: P96000046232

We have received your document for ATTORNEY - CLIENT PRIVILEGES, INC. and your check(s) totaling \$2,500. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 897A00009077

CORRECTED

2.20.97

RETURN TO THE
ATTENTION OF TERESA

RECORDED
97 FEB 20 PM 3:53
DIVISION OF CORPORATIONS

P96000046323

200002118142--3
-03/19/97--01094--002
***173.75 ***173.75

March 19, 1997

REPLACEMENT FEE 1997

ANNUAL REPORT: H2O DIVER
CHARTERS, INC.

DEBIT MEMO: # 2697-F

CHECK #: 1091