

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

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-22-2002 90238 011 ***150.00

93173

DOCUMENT # P96000046095

1. Entity Name

UNIVERSITY CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12515 N. KENDALL DR.

Suite, Apt. #, etc.
SUITE 418

City & State
MIAMI, FL

Zip
33186

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0685041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OLGA MONZON

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

12515 N. KENDALL DR. SUITE 418

City MIAMI

FL

Zip Code

33186

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

[Signature]

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

(NOTE: Registered Agent signature required when revolving)

06-11-02

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

PD
MONZON, DANILO
12515 N. KENDALL DR. SUITE 418
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STVD
MONZON, OLGA
12515 N. KENDALL DR. SUITE 418
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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]

DANILO MONZON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

Date

305-592-0394

Daytime Phone #

CR2E034B (12/01)