Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047159

1. Corporation Name

City & State

Zip

24

UNIVERSAL HOMES, INC.

	•-		
* Principal Place of Business	Mailing Address		
6917 COLLINS AVENUE SUITE 1611 MIAMI BEACH FL 33141 US	P.O. BOX 415638 1611 MIAMI BEACH FL 33141 US		
Principal Place of Business	2a. Mailing Address		
Suite Ant # etc	Suite Ant # etc		

27

28 Zip

City & State

25 29 9. Name and Address of Current Registered Agent

Country

NESTOR, BRENDA	
6917 COLLINS AVE.	
MIAMI REACH EL 3314	í

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90121 013 ***300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

06/03/1996 4. FEI Number

65-0304500

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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's Doard of circlor's. I nereby accept the appointment as registered agent, and familiar with, and committee of Saction ART florids. Florida Statutes. Signature Signature State of Florida, Such change was authorized by the corporation's Doard of circlor's. I nereby accept the appointment as registered agent, or both, in the State of Florida, Statutes. Signature Signature State of Florida, State of Florida, State of Florida, State of State of State of Florida, State of Sta					•		·L -	·
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6.4 CITY-ST-ZIP 14. Libereby 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	CITY-ST-ZIP					11. G. di - 440 07(2)/3 El de Charles 14 de	andification at	o information

Country

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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 with all other like empowered.

SIGNATURE: