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FILED
Jun 19, 2001 8:00 am
Secretary of State

05-23-2001 91180 016 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064256

1. Entity Name
Universal Source, Inc.

Principal Place of Business
1720 Adams Street
Hollywood, Fl 33020

Mailing Address

[redacted]

48915

2. Principal Place of Business
1720 Adams Street

3. Mailing Address

Suite, Apt. #, etc.
Hollywood, Fl 33020

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0811948

☐ Applied For
☐ Not Applicable

Zip | Country

Zip | Country

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Luisa N. Mosquera
1720 Adams Street
Hollywood, Fl 33020

7. Name and Address of New Registered Agent
Name LUISA N. MOSQUERA
Street Address (P.O. Box Number is Not Acceptable) 1881 WASHINGTON AVE, SE. 11 H
City MIAMI BEACH FL Zip Code 33139

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Luisa N. Mosquera 1720 Adams Street Hollywood, Fl 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LUISA N. MOSQUERA 1881 WASHINGTON AVE, 11H MIAMI BEACH, FL. 33139 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Luisa N. Mosquera, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STF FL32519F.1