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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1720 Adams Street	
Suite, Apt. #, etc. Hollywood, Fl 33020	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0811948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Luisa N. Mosquera	Name LUISA N. MOSQUERA
1720 Adams Street	Street Address (P.O. Box Number is Not Acceptable) 1881 WASHINGTON AVE, STE 11H
Hollywood, Fl 33020	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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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition

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