Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90023 013 \*\*\*150.00

## 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 # **P97000084596**1. Corporation Name

UNIVERS	SAL MEDIATION ASSOCIAT	res, inc.				
Principal Place	e of Business	Mailing Address		-	IKUR IGILK DEBAK BITID I	DIKE BAN IEBA
7421 SW 20TH ST 7421 SW 20TH ST PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed		-
				09/25/1997		
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number	App	lied For
21		26		65-0785978	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent	
WEINBERG, STEVEN A			81 Name 82 Street Addr	ARTINI I LIPNI	4CK	
8000 PETERS RD PLANTATION FL 33324			83	ess (P.O. Box Number is Not Acceptable)	EET	
-						
			84 City P/	ANTATION, F	L 85 33	317
office or reagent. I all	egistered agent, or both, in the State m familiar with and accept the oblig	ations of Section 607.0505 flor	is, the above-named corpustionized by the corporationida Statutes.  Registered Agent signature require		99	
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	LIPNACK, MARTIN I		1.2 NAME			
STREET ADDRESS	7421 SW 20TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317	[] - e. e.e.	1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE		Clande	
NAME			2.2 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change	Addition
TITLE			3.2 NAME		•	_
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE					Change	☐ Addition
NAME		DELETE	4.1 [[[LE ]			
STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME			
		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS			
CITY_ST_ZIP		☐ DELETE	4. 2 NAME			
CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS	· ·	☐ Change	Addition
			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		☐ Change	Addition
TITLE			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			

14. 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 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 atachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: