2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P97000088915 UNIVERSAL MICROSYSTEMS, INC. incipal Place of Business Mailing Address 1840 BAY DRIVE **BAY DRIVE** BEACH FL 33141 MIAMI BEACH FL 33141-4708 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ~ ELIAS, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 1840 BAY DRIVE MIAMI BEACH FL 33141 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE ELIAS, ABRAHAM NAME NAME STREET ADDRESS STREET ADDRESS 1840 BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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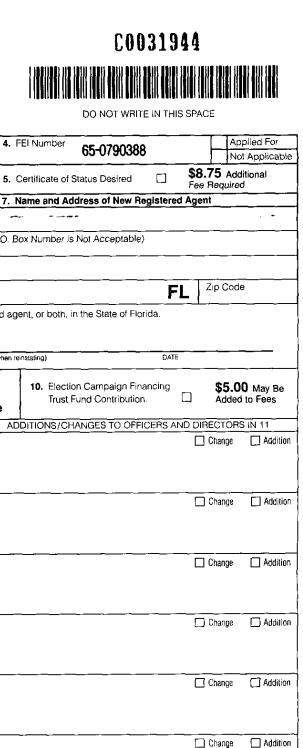
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FILED Mar 06, 2000 8:00 am Secretary of State

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13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

NAME __ STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE: As SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECT

NAME

TITLE

NAME

TITLE NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

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