

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90067 030 \*\*\*150.00

032/230

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000091459**

1. Corporation Name  
**UNIVERSAL AUTOMOTIVE SPECIALIST, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**9846 S MILITARY TRAIL**  
**BOYNTON BEACH FL 33436**  
 US

Mailing Address  
**521 GREEN SPRING PLACE**  
**WEST PALM BEACH FL 33409**  
 US

3. Date Incorporated or Qualified  
**10/23/1997**

4. FEI Number  
**65-0791766**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22**

2a. Mailing Address  
**26** *849 BLUE RIDGE CIR.*  
**27** Suite, Apt. #, etc.

City & State  
**23** *WEST PALM BEACH FL.*  
**28**

Zip Country  
**24** **25** **29** *33409* **30** *U.S.*

**9. Name and Address of Current Registered Agent**

**GLASSBERG, DAVID M**  
**521 GREEN SPRING PLACE**  
**WEST PALM BEACH FL 33409**

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D. PRESIDENT.</b> <input type="checkbox"/> DELETE
NAME	<b>SANTOS, JOSE A</b>
STREET ADDRESS	<b>521 GREEN SPRING PLACE</b> <i>849 BLUE RIDGE CIR.</i>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>
TITLE	<b>D V. PRESIDENT.</b> <input type="checkbox"/> DELETE
NAME	<b>VARGAS, WILLIAM</b>
STREET ADDRESS	<b>11186-I STURBRIDGE</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>
TITLE	<b>SECRETARY.</b> <input type="checkbox"/> DELETE
NAME	<b>MARIA. SOLOREANO</b>
STREET ADDRESS	<b>849 BLUE RIDGE CIR.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL. 33409</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **01-31-99** **954-415-0609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)