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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000104938 (0)**

1. Corporation Name

UNIVERSAL CAPITAL RESOURCES, INC.



Principal Place of Business

Mailing Address

**5037 SW 154 PLACE
MIAMI FL 33185**

**5037 SW 154 PLACE
MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **5037 SW 154 PL**

2a. Mailing Address

26 **13876 SW 56 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FLA**

24 **33185**

25 **USA**

29 **33175**

30 **USA**

9. Name and Address of Current Registered Agent

**HERRERA, MIGUEL
5037 SW 154 PLACE
MIAMI FL 33185**

10. Name and Address of New Registered Agent

81 Name **CONNIE HERRERA**
82 Street Address (P.O. Box Number is Not Acceptable)
13876 SW 56 STREET
83 **STE #176**
84 City **MIAMI** FL 85 Zip Code **33175**

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

CONNIE HERRERA

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HERRERA, MIGUEL A**
STREET ADDRESS **5037 SW 154 PLACE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ DELETE

NAME **D HERRERA, CONNIE**
STREET ADDRESS **5037 SW 154 PLACE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE **CONNIE HERRERA** (305) 555-1111

CR2E034 (10/97)