## 2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true are of the corporation or the receiver or trustee empoyed to changed, or on an attachment with an address that all or true the changed or or an attachment with an address that all or true true true to the changed.

SIGNATURE:

## **FILED** DOCUMENT # **P98000024204** May 22, 2000 8:00 am Secretary of State UNIVERSAL LAND DEVELOPMENT, INC. 05-22-2000 90050 028 \*\*\*150.00 Principal Place of Business Mailing Address 2665 S. BAYSHORE DR.,STE,908 2665 S. BAYSHORE DR., STE, 908 MIAMI FL 33133 MIAMI FL 33133-5401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0822820 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EIDELSTEIN, GARY P Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DR., STE. 908 **MIAMI FL 33133** Zip Code 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition CR2E034 (9/99 Delete TITLE TITLE EIDELSTEIN, GARY P NAME NAME STREET ADDRESS STREET ADDRESS 2665 S BAYSHORE DR #908 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

a accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if