


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90012 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000048583					
1. Corporation Name UNIVERSAL ENVIRONMENTAL SERVICES INC.					
Principal Place of Business 2120 SUNSET STRIP SUNRISE FL 33313			Mailing Address 2120 SUNSET STRIP SUNRISE FL 33313		
2. Principal Place of Business 21 2120 SUNSET STRIP Suite, Apt. #, etc.		2a. Mailing Address 26 2120 SUNSET STRIP Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/28/1998	
23 City & State SUNRISE FLORIDA		27 City & State SUNRISE, FLORIDA		4. FEI Number 65-0843917	
24 Zip 33313		25 COUNTRY BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28 Zip 33313		29 COUNTRY BROWARD		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BISSOON, HARNARINE 2120 SUNSET STRIP SUNRISE FL 33313				10. Name and Address of New Registered Agent	
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.				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DIRECTOR			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HARNARINE BISSOON			1.2 NAME		
STREET ADDRESS 2120 SUNSET STRIP			1.3 STREET ADDRESS		
CITY-ST-ZIP SUNRISE FL 33313			1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

954-742-9526

Daytime Phone #

CR2E034 (1/98)