

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 014 ***150.00

DOCUMENT # **P98000053555**

Corporation Name
UNIVERSAL BENEFITS, INC.

Principal Place of Business
**CORAL WAY #401
MIAMI FL 33145**

Mailing Address
**3191 CORAL WAY #401
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

59-3526199

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 the current year
Intangible Personal Property.

☐ Yes ☒ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

4825 TERRAPIN CT

City & State

MELBOURNE BEACH, FL

Zip

32951

Country

25

Suite, Apt. #, etc.

4825 TERRAPIN CT

City & State

MELBOURNE BEACH, FL

Zip

32951

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

REX D. HILL

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

4825 TERRAPIN CT

83

84 City

MELBOURNE BEACH FL

85 Zip Code

32951

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, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/99

OFFICERS AND DIRECTORS

PD HILL, REX 3191 CORAL WAY #401 MIAMI FL 33145	<input type="checkbox"/> DELETE
STD PRUPIS, RONALD M 3191 CORAL WAY #401 MIAMI FL 33145	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILL, REX	
1.3 STREET ADDRESS	4825 TERRAPIN CT	
1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRUPIS, RONALD M.	
2.3 STREET ADDRESS	12608 N.W. 11TH CT.	
2.4 CITY-ST-ZIP	SUNRISE, FL 33323	
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		

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:

SIGNATURE REQUIRED

9/11/99

407-768-9898

CR2E034 (5/99)



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4825 Terrapin Ct. • Melbourne Beach, FL 32951 • Telephone: 407-768-9898 • Fax: 407-768-0066

September 1, 1999

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Universal Benefits, Inc.

Dear Sir:

Enclosed please find our check in the amount of \$150.00. We have never received a first request from your Department of the filing fee and we are requesting a waiver of the late payment penalty. Being a new resident and corporation of Florida, we were not made aware of the filing procedure and the first notice of the filing fee was received today from our attorney.

I have contacted your office and understand the annual report is due before May 1st of each year. We apologize for our confusion but hopefully you can understand and grant our request to have the penalty waived.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rex D. Hill", is written over a horizontal line.

Rex D. Hill

cc: John Demi