

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 DEC 21 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078716

1. Entity Name
UNIVERSAL INVESTMENT HOLDINGS, INC.

Principal Place of Business

15291 NW 60TH AVE
SUITE 103
MIAMI LAKES FL 33014

Mailing Address

15291 NW 60TH AVE
SUITE 103
MIAMI LAKES FL 33014

2. Principal Place of Business

15291 NW 60 Avenue

3. Mailing Address

15291 NW 60 Avenue

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33015

Country

Zip

33015

Country

4. FEI Number 65-0901842

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS MANUEL

15291 NW 60TH AVE
SUITE 103
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME RODRIGUEZ, LUIS M
STREET ADDRESS 15291 NW 60TH AVE, STE 103
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE V ☐ Delete
NAME RODRIGUEZ, JOSE L
STREET ADDRESS 15291 NW 60TH AVE, STE 103
CITY-ST-ZIP MIAMI LAKES FL 33014

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Rodriguez

11/15/01

305-512-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0020476 AV

CR2E034 (5/01)