

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000007966

1. Entity Name
UNIVERSAL EQUITY MORTGAGE CORP.



Principal Place of Business
6201 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024

Mailing Address
6201 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, AUDLEY
6201 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, AUDLEY
STREET ADDRESS 7701 NW 6TH ST
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE V
NAME VARONA, ESTELA
STREET ADDRESS 7701 NW 6TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000259215
03/11/05-80016-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

Date

Daytime Phone #

ESTELA VARONA 3/10/05 964-2070