

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR 28 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200152891662
04/28/09--01004--004 **300.00



DOCUMENT # P99000007966 1. Entity Name UNIVERSAL EQUITY MORTGAGE CORP.					
Principal Place of Business 13201 PARKSIDE TERRACE COOPER CITY, FL 33330			Mailing Address 3801 HOLLYWOOD BLVD. #100A HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 13201 PARKSIDE TERRACE Suite, Apt. #, etc.		3. Mailing Address 13201 PARKSIDE TERRACE Suite, Apt. #, etc.			
City & State COOPER CITY, FL		City & State COOPER CITY FL		4. FEI Number 65-0960780	
Zip 33330		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, AUDLEY 3801 HOLLYWOOD BLVD. #100A HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name AUDLEY WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 13201 PARKSIDE TERRACE City COOPER CITY FL Zip Code 33330	
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 <u><i>Audley Williams</i></u> April 15 2009 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00 *			<i>*\$300.00 fee enclosed. Late Penalty waiver requested due to no Annual Report Notice received.</i>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, AUDLEY <input type="checkbox"/> Delete 13201 PARKSIDE TERRACE COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Audley Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 15, 2009 (954) 434-6361 or 2 <small>Date Daytime Phone #</small>		

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