

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015385

1. Entity Name

FIRST UNIVERSAL GROUP, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90005 028 ***150.00

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|---|---|
| Principal Place of Business 1119 PINE STREET #204 PHILADELPHIA PA 19107 | Mailing Address 1119 PINE STREET #204 PHILADELPHIA PA 19107 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|--|
| 6. Name and Address of Current Registered Agent KLINE, STARLETT 3200 PORT ROYALE DR. N. #704 FORT LAUDERDALE FL 33308 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEE, DAVID 1119 PINE STREET #204 PHILADELPHIA PA 19107 <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 | SD KLINE, STARLETT STARLETT 3200 PORT ROYALE DR. N. #704 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Starlett Kline STARLETT KLINE 3/1/01 954-771-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)