

2000 UNIFORM BUSINESS REPORT (UBR)

7.

FILED
Aug 30, 2000 8:00 am
Secretary of State

07-21-2000 90154 005 ***550.00

DOCUMENT # P99000016955

1. Entity Name

UNIVERSAL TURBINE CENTER, INC.

Principal Place of Business

**3501 ANCHORAGE WAY
 COCONUT GROVE FL 33133**

Mailing Address

**3501 ANCHORAGE WAY
 COCONUT GROVE FL 33133-5923**

2. Principal Place of Business

1260 N.W. 57 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0898822

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33152

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AGUILERA, NOEL
 3501 ANCHORAGE WAY
 COCONUT GROVE FL 33133**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **D** Delete
 NAME **AGUILERA, NOEL**
 STREET ADDRESS **3501 ANCHORAGE WAY**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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 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 **TREASURER**
 STREET ADDRESS **DE LA TORRE, MARIO R.**
 CITY-ST-ZIP **1260 N.W. 57 AVENUE
 MIAMI, FL. 33126**

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
 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)