09/05/2000 12:58 9545657254 CRANDELL

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State
09-08-2000 90004 024 ***550.00

DOCUMENT # P99000017755

1. Entity Name
UNIVERSAL SERVICES & TELECOM, INC.

Principal Place of Business	Mailing Address
10234 NW 47TH STREET SUNRISE FL 33351	10234 NW 47TH STREET SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10137 W. Oakland Pk Blvd.	10137 W. Oakland Pk Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33351-6917 Country:	Zip: 33351-6917 Country:

4. FEI Number: 65-0898945 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

MEDINA, FELIX F
10242 NW 47TH ST
FT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name: Felix F. Medina
Street Address (P.O. Box Number is Not Acceptable): 10137 W. Oakland Park Blvd.
City: Ft. Lauderdale FL Zip Code: 33351

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ $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	☐ Delete	TITLE: D/P/T/S NAME: Felix F. Medina STREET ADDRESS: 10137 W. Oakland Pk Blvd CITY-ST-ZIP: Ft. Lauderdale, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP NAME: Emilo Abundo, III STREET ADDRESS: 9420 S Hampton Place CITY-ST-ZIP: Boca Raton, FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] President X 9/5/00 (954) 572-1021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Felix F. Medina — Date — Daytime Phone #