2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000017755 UNIVERSAL SERVICES & TELECOM, INC. 04-30-2001 90414 011 ***158.75 Mailing Address Principal Place of Business 10137 W OAKLAND PK BLVD 10137 W OAKLAND PK BLVD FORT LAUDERDALE FL 33351-6918 FORT LAUDERDALE FL 33351-6918 961940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0898945 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEDINA, FELIX F Street Address (P.O. Box Number is Not Accentable) 10137 W OAKLAND PARK BLVD FT LAUDERDALE FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE DPTS ☐ Delete TITLE NAME MEDINA, FELIX NAME STREET ADDRESS STREET ADDRESS 10137 W OAKLAND PK BLVD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33351 ☐ Addition □ Change ☐ Delete TITLE TITLE NAME ABUNDO, III, EMILO NAME STREET ADDRESS STREET ADDRESS 9420 S HAMPTON PL CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33134** Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 10/37 WEST OAKLAND PARK STREET ADDRESS CITY-ST-ZIP SUNANE , FL 33311 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

To Val

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

(914) 572-1021

Daytime Phone