

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90057 011 ***158.75

DOCUMENT # P99000036351

1. Entity Name
UNIVERSAL HOUSING N.V., INC.



Principal Place of Business
777 BRICKELL AVE.
SUITE 1390
MIAMI, FL 33131

Mailing Address
777 BRICKELL AVE.
SUITE 1390
MIAMI, FL 33131

10001100



2. Principal Place of Business - No P.O. Box #
777 Brickell Ave
Suite, Apt. #, etc.
#1010

3. Mailing Address
777 Brickell Ave
Suite, Apt. #, etc.
#1010

03132008 Chg-P CR2E034 (12/06)

City & State
Miami FL
Zip 33131 Country USA

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Miami FL
Zip 33131 Country USA

4. FEI Number
52-1362113
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABRE, FRANK S
2310 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENRIQUEZ, MARIO
STREET ADDRESS 777 BRICKELL AVENUE, #1390
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE S
NAME FABRE, FRANK R S
STREET ADDRESS 2310 COUNTRY CLUB PRADO
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/08 (305) 381-8790
Date Daytime Phone