

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90700 002 ***150.00

DOCUMENT # P99000038095

1. Entity Name
UNIVERSITY ROAD, INC.



Principal Place of Business

C/O BARRY A. EISENSON, ESQ.
3800 INVERNARY BLVD 101B
LAUDERHILL, FL 33319

Mailing Address

C/O BARRY A. EISENSON, ESQ.
3800 INVERNARY BLVD 101B
LAUDERHILL, FL 33319

2. Principal Place of Business

208 Bayberry Drive

3. Mailing Address

Suite, Apt. #, etc.

04062004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-6305760

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISENSON, BARRY A
4953 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEISNER, SAM
STREET ADDRESS 4953 COCONUT CREEK PARKWAY
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sam Neisner Sam Neisner

Date

Daytime Phone #

4/30/04 (AS4) 587-8511