

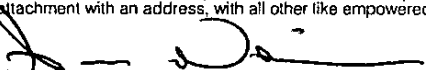


FILED
Apr 28, 2005 8:00 am
Secretary of State

14007295

DOCUMENT # P99000038095				04-28-2005 90155 006 ***150.00	
1. Entity Name UNIVERSITY ROAD, INC.					
Principal Place of Business 208 BAYBERRY DR. PLANTATION, FL 33317		Mailing Address C/O BARRY A. EISENSEN, ESQ. 3800 INVERNARY BLVD 101B LAUDERHILL, FL 33319			
2. Principal Place of Business		3. Mailing Address 208 Bayberry Drive		14007295 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042005 Chg-P CR2E034 (10/03)	
City & State		City & State Plantation, Florida		4. FEI Number 65-6305760	
Zip		Zip 33317		Country U.S.A.	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISENSEN, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEISNER, SAM		NAME		
STREET ADDRESS	4953 COCONUT CREEK PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK, FL 33063		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 			4/26/05 (954) 582-8511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		