## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000056687**

1. Entity Name

## UNIVERSAL ELECTRONIC PROCESSING, INC.

Principal Place of Business 855 SW 78TH AVENUE PLANTATION FL 33324

Mailing Address

855 SW 78TH AVENUE PLANTATION FL 33324

Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del> ,
City & State	City & State	

Apr 17, 2001 8:00 am Secretary of State

04-17-2001 90101 011 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0934702 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARDES, MICHAEL

(NOTE: Registered Agent signature required when reinstating)

855 SW 78TH AVENUE PLANTATION FL 33324

SIGNATURE

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

9.	This corporation is eligible to satisfy its Intan	gible
	Tax filing requirement and elects to do so.	•
	(Sag aritaria de back)	$\Box$

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Zip Code

DATE

(See Crite	ila on backy	ш	make Check Payable	to Department	t of State					
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				1_		
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	(10/00)
NAME	LIEBOWITZ, TED			NAME						5
STREET ADDRESS	855 SW 78TH AVENUE			STREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP						l Si
TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	CR2E034
NAME	PARDES, MICHEAL			NAME						١٧
STREET ADDRESS	855 SW 78TH AVENUE			STREET ADDRESS						ĺ
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME	MARKOWITZ, HOWARD			NAME						
STREET ADDRESS	855 SW 78TH AVENUE			STREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP						
TITLE	D		□ Delete	TITLE				☐ Change	Addition	Ì
NAME	LIEBOWITZ, SARA			NAME						
STREET ADDRESS	855 SW 78TH AVENUE			STREET ADDRESS						}
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP						Ì
TITLE	D		☐ Delete	TITLE		. <u>-</u>	-	☐ Change	Addition	ĺ
NAME	BRAFF, NELSON			NAME						1
STREET ADDRESS	855 SW 78TH AVENUE			STREET ADDRESS						}
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP						
TITLE			☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
NAME				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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR