

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90282 011 ***150.00

DOCUMENT # P99000067647

1. Entity Name

UNIVERSAL TICKINGS, INC.

Principal Place of Business

**1036 E 14TH STREET
 HIALEAH FL 33010**

Mailing Address

**1518 MANTUA AVE
 CORAL GABLES FL 33146**

2. Principal Place of Business

Dupont Plaza Center

3. Mailing Address

(504c)

Suite, Apt. #, etc.

300 Biscayne Blvd. Wby S# 604/608

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33131

USA

4. FEI Number

65-0954564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAROCHE, BRIGIDA
 8950 S.W. 4TH TERR.
 MIAMI FL 33174**

address change

Name

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

1518 Mantua Ave.

Coral Gables,

City

FL

Zip Code

33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
 NAME **LAROCHE, BRIGIDA**
 STREET ADDRESS **1518 MANTUA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
 NAME **LAROCHE, PHILIPPE**
 STREET ADDRESS **1518 MANTUA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **LAROCHE** ☒ Change ☐ Addition
 NAME **(LAST NAME spelled incorrectly)**
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

1/25/01 786-2681178
 Date Daytime Phone

CR2E034 (10/00)