

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067647

1. Entity Name
UNIVERSAL TICKINGS, INC.

Principal Place of Business
1036 E 14TH STREET
HAILEAH FL 33010

Mailing Address
1518 MANTUA AVE
CORAL GABLES FL 33146

2. Principal Place of Business
Dupont Plaza Center ←
Suite, Apt. #, etc.
300 Biscayne Blvd. Wky S# 607/608

3. Mailing Address
(504c)

Suite, Apt. #, etc.
City & State
Miami, FL
Zip 33131 Country USA

City & State

4. FEI Number 65-0954564
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



CO016740

6. Name and Address of Current Registered Agent
LAROCHE, BRIGIDA
8950 S.W. 11TH TERR.
MIAMI FL 33174

address change flp

7. Name and Address of New Registered Agent
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. FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
(See criteria on back) 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

11.		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1518 MANTUA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
STREET ADDRESS	1518 MANTUA AVENUE	<input type="checkbox"/> Delete	STREET ADDRESS	LAROCHE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP	(LAST NAME spelled incorrectly)	
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

11/25/01 786-218-1178
Date Daytime Phone #

CR2E034 (10/00)