

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000071121**1. Entity Name
UNIVERSAL REAL ESTATE INVESTMENTS, INC.

Principal Place of Business

235 E COMMERCIAL BLVD
STE 209
LAUDERDALE-BY-THE-SEA
33308

FL

Mailing Address

235 E COMMERCIAL BLVD
STE 209
LAUDERDALE-BY-THE-SEA
33308

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

FORT LAUDERDALE

FL

Zip

33339

Country

4. FEI Number

65-0945202

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POLLARI CINDY
235 E COMMERCIAL BLVD
STE 209
LAUDERDALE-BY-THE-SEA
33308

FL

7. Name and Address of New Registered Agent

Name

POLLARI RICHARD

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

235 E COMMERCIAL BLVD

STE 209

City

LAUDERDALE-BY-THE-SEA

FL

Zip Code
33308

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 **RICHARD POLLARI**

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

(NOTE: Registered Agent signature required when reinstating)

03/06/2001

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

TITLE	D	<input type="checkbox"/> Delete
NAME	POLLARI RICHARD	
STREET ADDRESS	235 E COMMERCIAL BLVD, STE 209	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLARI CINDY	
STREET ADDRESS	235 E COMMERCIAL BLVD, STE 209	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARI RICHARD	
STREET ADDRESS	235 E COMMERCIAL BLVD, STE 209	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARI CINDY	
STREET ADDRESS	235 E COMMERCIAL BLVD, STE 209	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: richard pollari

p

03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)