

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104959

1. Entity Name

UNIVERSAL FUN, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90216 004 ***158.75

Principal Place of Business

Mailing Address

6003 NW 31ST AVE.
FT. LAUDERDALE FL 33309

6003 NW 31ST AVE.
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6045-E KIMBERLY BLVD

6045 KIMBERLY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#6

#6

City & State

City & State

N. LAUDERDALE FL.

N. LAUDERDALE FL.

Zip

Country

Zip

Country

33068

U.S.A.

33068

U.S.A.

4. FEI Number

Applied For

65-0967294

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

RAMNANAN, POORAN
6003 NW 31ST AVE.
FT. LAUDERDALE FL 33309

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.

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMNANAN, POORAN	
STREET ADDRESS	6045 KIMBERLY BLVD.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMNANAN, LISA	
STREET ADDRESS	6045 KIMBERLY BLVD.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)