


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Check \$

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90383 046 ***150.00

DOCUMENT # <u>563722</u>	
1. Entity Name <u>Universal Lottery Corp.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>11555 US Hwy #1 North Palm Beach FLA</u>		3. Mailing Address <u>11555 US Hwy #1 North Palm Beach FLA</u>	
City & State <u>BEACH FLA</u>		City & State <u>BEACH FLA</u>	
Zip <u>33408.</u>	Country	Zip <u>33408</u>	Country

10079804

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>650271199</u>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Patricia Barrera</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>11555 US Hwy #1 North Palm Beach FLA</u>		
	City <u>FL</u>		Zip Code <u>33408</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <u>President / OWNER</u>	TITLE	DO NOT WRITE IN THIS SPACE	
NAME <u>Patricia Barrera</u>	NAME		
STREET ADDRESS <u>11555 US Hwy #1 North Palm Beach FLA 33408.</u>	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE <u>Vt President / SECRETARY</u>	TITLE	DO NOT WRITE IN THIS SPACE	
NAME <u>ALBERT BARRERA</u>	NAME		
STREET ADDRESS <u>11555 US Hwy #1 North Palm Beach FLA 33408.</u>	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	TITLE	DO NOT WRITE IN THIS SPACE	
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STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

04/16/03 (561) 6250333