**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90094 005 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V09212

1. Corporation Name

UNIVERSITY MOBIL, INC.

		•								
Principal Place	e of Business	Mailing Address	Mailing Address				I INNII Atsart parte idela linat ria	10 110) AIBN 411	HA BIBII WIDIR BI	18
7501 UNIVERSITY BLVD. WINTER PARK FL 32792		7501 UNIVERSITY BLVD. WINTER PARK FL 32792								
US		US				DO NOT WRITE IN THIS SPACE				
							e Incorporated or Qualifed [27/1992]			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI	Number		Apr	plied For
21		26				, 59-	3108862		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Cen	tifcate of Status Desired		<b>\$8.75</b> A Fee Re	
City & State	e	City & State			_	6. Elec	ction Campaign Financing		\$5.00	May Be
23		28				Trus	st Fund Contribution	<u> </u>	Added to	
Zip	Country	Zip	Countr	гу		8. This	corporation owes the curre			_
24	25	29 30	0				sonal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	_			10. Nar	ne and Address of New R	egistered A	(gent	
			81	1 N	ame					
GALCERAN GILBERTO				2 S	treet Addres	ss (P.O. I	Box Number is Not Accepta	ble)	7	
	-ANNHURST-AVE		"		<b>3000</b>		145 C00/wat	er C	<u> </u>	_
ORL	4NDO-FL 32826		8:				0 1 7/		G 3	
			-	—	WINT	<u>e / </u>	Park Fl.	39)		Pode -
•			84	4 6	ity			FL	85 Zip (	192.
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was autr ions of, Section 607.0505, Florid	norized by la Statute	y the es.	corporation	's board	of directors. I hereby accep	t the appoin	tment as rec	gistered
	Signature, typed or printed name of registered agen-			ent sign	nature required w			DATE	D DIDEOTO	
12.	OFFICERS AN		13.			ADD	ITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE						∐ Cliange	LJ AGGILLAN
NAME	GALCERAN, GILBERTO A.,JR		1.2 NAME							
STREET ADDRESS	1130 SW 73 AVE		1.3 STRE	ET ADD	DRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-						Change	☐ Addition
TITLE		☐ DELETE	2.1 TITLE						Change	Addition
NAME			2.2 NAME	E						
STREET ADDRESS			2.3 STRE	ET ADD	ORESS					}
CITY-ST-ZIP			2.4 CITY	-ST-ZII	P					
TITLE		☐ DELETE	3.1 TITLE	Ē		,			Change	☐ Addition
NAME			3.2 NAME	Ε						
STREET ADDRESS			3.3 STRE	ET ADD	DRESS		•			}
CITY-ST-ZIP			34. CITY-	- ST-ZIF	<u> </u>					
TITLE		☐ DELETÉ	4.1 TITLE	<u>:</u>					Change	☐ Addition
NAME			4. 2 NAMI	E						
STREET ADDRESS			4.3 STRE	ET ADD	DRESS					
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP	-					
TITLE		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME			5.2 NAME	E						
STREET ADDRESS			5.3 STRE	ET ADE	DRESS					
CITY-ST-ZIP			5.4 CITY-		•					
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition
NAME			6.2 NAME	E						ļ
STREET ADDRESS		Λ	6.3 STRE	ET ADD	ORES\$					

14. I hereby certify that the information supplied with this filing flees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR