

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V28421** (8)

1. Corporation Name

**UNIVERSITY MANAGEMENT GROUP, INC.**



Principal Place of Business

**2333 PONCE DE LEON BLVD  
PH 1111  
CORAL GABLES FL 33134  
US**

Mailing Address

**2333 PONCE DE LEON BLVD  
PH 1111  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.  
**22** **PH 1100**  
**23** City & State

2a. Mailing Address

**26** Suite, Apt. #, etc.  
**27** **PH 1100**  
**28** City & State

**24** Zip **25** Country

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

**WESTON, ANDREW R.  
2333 PONCE DE LEON BLVD  
PH 1111  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**04/14/1992**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**65-0326009**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of individual or printed name of registered agent and date of signature (Signature of Agent is required for all changes to registered office)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DPT  
COBB, CHARLES E., JR.  
2333 PONCE DE LEON BLVD.  
CORAL GABLES FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VS  
WESTON, ANDREW R.  
2333 PONCE DE LEON BLVD, PH-1111  
CORAL GABLES FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**100001828271  
-05/20/96--01022--006  
\*\*\*200.00**

**32  
4.1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #

CR2E034 (12/95)