

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34221

FILED
Jan 16, 2007
Secretary of State

Entity Name: UNIVERSAL HERITAGE INSTITUTE, INC.

Current Principal Place of Business:

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI, FL 331432056

New Principal Place of Business:

Current Mailing Address:

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI, FL 331432056

New Mailing Address:

FEI Number: 65-0268904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAPIA, MOIEZ A.
5904 S.W. 64 PLACE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ZAFAR, SYED F BR
Address: 9705 SW 95TH AVE
City-St-Zip: MIAMI, FL 33176

Title: VCD () Delete
Name: FASIHI, SADARUL H BR
Address: 5931 SW 46TH ST
City-St-Zip: MIAMI, FL 33155

Title: VCD () Delete
Name: IMTIAZ, FAISAL BR
Address: 11471 SW 104 ST
City-St-Zip: MIAMI, FL 33176

Title: GS () Delete
Name: SYED, TARIQ A BR
Address: 605 NW 72 AVE, #106
City-St-Zip: MIAMI, FL 33126

Title: TD () Delete
Name: NAQUI, NASIMUDDIN
Address: 3940 SW 121 ST AVE
City-St-Zip: MIAMI, FL 33175

Title: MD () Delete
Name: ISHOOF, SAIF BR
Address: 11450 SW 60TH AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.A.TAPIA

D

01/16/2007

Electronic Signature of Signing Officer or Director

Date