2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N34221

Entity Name: UNIVERSAL HERITAGE INSTITUTE, INC.

Current Principal Place of Business:

4851 NW 183RD STREET
MIAMI GARDENS, FL 330552955 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 248384
CORAL GABLES, FL 33124 US

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 CE
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	
Address:	9705 SW 95TH AVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	VCD	( ) Delete
Name:	FASIHI, SADARUL H	
Address:	5931 SW 46TH ST	
City-St-Zip:	MIAMI, FL 33155	
Title:	VCD	( ) Delete
Name:	IMTIAZ, FAISAL	
Address:	11471 SW 104 ST	
City-St-Zip:	MIAMI, FL 33176	
Title:	GS	( ) Delete
Name:	SYED, TARIQ A	
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	
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 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 CE 03/01/2009

Electronic Signature of Signing Officer or Director — Date