

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90631 035 ****61.25

DOCUMENT # N99000000 *0944*
1. Entity Name
 UNIVERSIDAD QUETZALCOATL EN
 EN IRAPUATO (UQI), INC.

Principal Place of Business **Mailing Address**
 P.O. BOX 430275
 MIAMI, FL 33243

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1053765 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 JAVIER COICOCHA
 233 VELARDE AVE
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	PD, GASCA, AGUSTIN <input type="checkbox"/> Delete
STREET ADDRESS	233 VELARDE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE NAME	VD, MARTINEZ, HECTOR <input type="checkbox"/> Delete
STREET ADDRESS	233 VELARDE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE NAME	S, KRUGER, ERNESTO MR <input type="checkbox"/> Delete
STREET ADDRESS	233 VELARDE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE NAME	T, CASCA, GUILLERMO <input type="checkbox"/> Delete
STREET ADDRESS	233 VELARDE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE NAME	D, COICOCHA, JAVIER <input type="checkbox"/> Delete
STREET ADDRESS	233 VELARDE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE NAME	D, THOMPSON, MARGARET <input type="checkbox"/> Delete
STREET ADDRESS	233 VELARDE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *4-30-01* *305-444-2227*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (11/00)