

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90030 020 \*\*\*150.00

**DOCUMENT # P95000017258**

1. Entity Name  
**UNIVERSE TRADING CORPORATION**

Principal Place of Business

~~444 BRICKELL AVE  
 STE 750  
 MIAMI FL 33131  
 US~~

Mailing Address

~~444 BRICKELL AVE  
 STE 750  
 MIAMI FL 33131  
 US~~

2. Principal Place of Business

4611 SW. 151 Ave  
 Suite, Apt. #, etc.

3. Mailing Address

4611 SW 151 Ave  
 Suite, Apt. #, etc.

**C0043131**



DO NOT WRITE IN THIS SPACE

City & State  
 Miramar, Florida

City & State  
 Miramar, Florida

4. FEI Number **65-0563094**

Applied For  
 Not Applicable

Zip  
 33027

Country

Zip  
 33027

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MILLENNIA CONSULTING SERVICES INC.**  
~~444 BRICKELL AVE  
 STE 750  
 MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 201230 Biscayne Blvd.  
 City Aventura **FL** Zip Code 33180

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

040401

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MEDEIROS, MAURO PRADO</b>	
STREET ADDRESS	<b>4611 SW 151 AVE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALMENDRA, FRANCISCO</b>	
STREET ADDRESS	<b>1630 SW 1ST AVE S 9 B</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<del>#</del>	<input type="checkbox"/> Delete
NAME	<b>MOLINA, RODRIGO</b>	
STREET ADDRESS	<b>105 WLO 109 AVE 101</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Molina Medeiros, Vanessa</b>	
STREET ADDRESS	<b>4611 SW 151 AVE</b>	
CITY-ST-ZIP	<b>Miramar, FL 33027</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Molina, Rodrigo</b>	
STREET ADDRESS	<b>15290 SW 49 street</b>	
CITY-ST-ZIP	<b>Miramar, FL 33027</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.04.01 954 437-4037  
 Date Daytime Phone #