

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90955 018 \*\*\*150.00

**DOCUMENT # P95000017258**

1. Entity Name

**UNIVERSE TRADING CORPORATION**

Principal Place of Business

1630 SW 1ST AVE  
 S9 B  
 MIAMI FL 33129  
 US

Mailing Address

1630 SW 1ST AVE  
 S 9 B  
 MIAMI FL 33129-1153  
 US

2. Principal Place of Business

444 Brickell Ave  
 Suite 750

3. Mailing Address

444 Brickell Ave  
 Suite 750

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0563094

Applied For

Not Applicable

Zip

33131

Country

Zip

33131

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EUGENIO, JOCE K.E.**  
 1630 SW 1ST AVE  
 SUITE 9 B  
 MIAMI FL 33129

Name *Millennia Consulting Services Inc.*  
 Street Address (P.O. Box Number is Not Acceptable)  
 444 Brickell Ave  
 Suite no-750  
 City *Miami* FL Zip Code *33131*

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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  Delete  
 NAME **P MEDEIROS, MAURO PRADO**  
 STREET ADDRESS **1630 SW 1ST AVE S9 B**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **P Medeiros, Mauro Prado**  
 STREET ADDRESS **4611 SW 151 AVE**  
 CITY-ST-ZIP **Miramamar, FL 33027**

TITLE  Delete  
 NAME **ALMENDRA, FRANCISCO**  
 STREET ADDRESS **1630 SW 1ST AVE S9 B**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **Molina, Rodrigo**  
 STREET ADDRESS **105 W 109 Ave #101**  
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00 (305) 785 0926  
 Date Daytime Phone #

CR2E034 (9/99)