

# 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

3. Mailing Address

4611 SW 151 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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	P	<input type="checkbox"/> Delete
NAME	MEDEIROS, MAURO PRADO	
STREET ADDRESS	4611 SW 151 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALMENDRA, FRANCISCO	
STREET ADDRESS	1630 SW 1ST AVE S 9 B	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>#</del>	<input type="checkbox"/> Delete
NAME	MOLINA, RODRIGO	
STREET ADDRESS	105 WLO 109 AVE 101	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Molina Medeiros, Vanessa	
STREET ADDRESS	4611 SW 151 AVE	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molina, Rodrigo	
STREET ADDRESS	15290 SW 49 street	
CITY-ST-ZIP	Miramar, FL 33027	
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		

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 #

CR2E034 (10/00)

C0043131



DO NOT WRITE IN THIS SPACE