

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
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C0043131



DO NOT WRITE IN THIS SPACE

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
Zip 33027	Country US

4. FEI Number **65-0563094** Applied For Not Applicable

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]* DATE **040401**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Y Molina Medeiros, Vanessa 4611 SW 151 AVE Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Molina, Rodrigo 15290 SW 49 street Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* Date **04.04.01** Daytime Phone # **954 437-4037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)