


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| | |
|---|---|
| DOCUMENT # P95000017258 1. Entity Name UNIVERSE TRADING CORPORATION |  |
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FILED
03 MAY 13 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|--|
| Principal Place of Business 4611 SW 151 AVE MIRAMAR, FL 33027 US | Mailing Address 4611 SW 151 AVE MIRAMAR, FL 33027 US |
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|---|---|
| 2. Principal Place of Business 8580 NW 72 ST. Suite, Apt. #, etc. | 3. Mailing Address 8580 NW 72 ST. Suite, Apt. #, etc. |
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CHECK HERE IF MAKING CHANGES

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| City & State Miami, FL Zip 33166 | City & State Miami, FL Zip 33166 |
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| 4. FEI Number 65-0563094 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MILLENNIA CONSULTING SERVICES INC. 20630 BISCAYNE BLVD AVENTURA, FL 33180 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEES \$160.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|-------|---|---|
| TITLE | P | NAME: MOLINA, CARLOS A <input type="checkbox"/> Delete STREET ADDRESS: 4611 SW 151 AVE CITY-ST-ZIP: MIRAMAR, FL 33027 |
| TITLE | | NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP: |
| TITLE | | NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP: |
| TITLE | | NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP: |
| TITLE | | NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP: |

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|-------|--|---|
| TITLE | | NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 8580 NW 72 ST. CITY-ST-ZIP: Miami, FL 33166 |
| TITLE | | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 800019737448 CITY-ST-ZIP: 05/22/03--01046--015 **450.00 |
| 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 607, 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]* Date: 786-489-9684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)