

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010380

**Entity Name:** UNIVERSIDAD NUESTRO PACTO INTERNATIONAL, INC.

**Current Principal Place of Business:**

7694 4TH TERRACE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

P O BOX 5541  
LAKE WORTH, FL 33466 US

**FEI Number: 34-1976114**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MUNOZ, EILEEN A  
41 N. 20TH STREET,  
APT 17  
HAINES CITY, FL 33844 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MUNOZ, EILEEN A  
Address 41 N. 20TH STREET,  
APT 17  
City-State-Zip: HAINES CITY FL 33844

Title SECRETARY  
Name PAIN, FRANCES DR.  
Address P O BOX 100363  
City-State-Zip: PALM BAY FL 32910

Title VP  
Name ROSADO, ELIZABETH DR.  
Address 1201 HATTERAS CIRCLE  
City-State-Zip: GREENACRES FL 33413

Title D  
Name GONZALEZ, GARY DR.  
Address 2200 TWILIGHT TRAIL  
City-State-Zip: CHULUOTA FL 32766

Title DIRECTOR  
Name LEE, EARLE E DR.  
Address 41 N. 20TH STREET,  
APT 17  
City-State-Zip: HAINES CITY FL 33844

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EILEEN A. MUNOZ**

**PRESIDENT**

**02/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date