NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90172 008 ****61.25

DOCUMENT # N00000004699

1. Entity Name
The University of Central Minnesota, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 4713	P.O. Box 4713
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, FLA.	City & State: Miami Lakes, FL.
Zip: 33014-0713 Country: USA	Zip: 33014-0713 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ERIC Hanson

Street Address (P.O. Box Number is Not Acceptable): 17300 NW 68 Ave, #211

City: Miami Lakes FL Zip Code: 33015

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: Eric Hanson Director (Director) DATE: 04/26/02
Signature required or printed name of person authorized to sign and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: D NAME: Eric Hanson STREET ADDRESS: 17300 NW 68 Ave. Suite 211 CITY-ST-ZIP: Miami Lakes, FL. 33015	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: Alex Johnson STREET ADDRESS: 6286 NW 186 St. #F CITY-ST-ZIP: Miami Lakes FL. 33015	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: Miguel Sanchez STREET ADDRESS: 902 SOL 29000 ST. CITY-ST-ZIP: Coral Gables, FL. 33134	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE
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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Eric Hanson Director/Eric Hanson 305-819-8410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #