2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004699

1. Entity Name
THE UNIVERSITY OF CENTRAL MINNESOTA, CORP.

Principal Place of Business	Mailing Address
PO BOX 4713 MIAMI LAKES, FL 33014	PO BOX 4713 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1058754

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANSON, ERIC
17300 NW 68 AVE
#211
MIAMI LAKES, FL 33015

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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: [signature] 02-24-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

U00000067668
02/27/04-80009-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANSON, ERIC
STREET ADDRESS	17300 NW 68 AVE STE 211
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	T
NAME	JOHNSON, ALEX
STREET ADDRESS	902 SAL 20000 ST
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	T
NAME	SANCHEZ, MIGUEL
STREET ADDRESS	902 SALZAODO ST.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Eric Hanson 02-24-04 305-322-5852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #