

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005709

1. Entity Name

MINISTERIO DE METAFISICA UNIVERSAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90910 019 ****61.25

Principal Place of Business

Mailing Address

10741 SW 104 ST
MIAMI FL 33176

PO BOX 830952
MIAMI FL 33283-0952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0709258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, DARITZA
10400 SW 108 AVE APT A-212
A-214
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
P SANTIAGO, DARITZA
STREET ADDRESS 10400 SW 108 AVE APT A-212
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
VPT SANTIAGO, DARITZA
STREET ADDRESS 8325 S.W. 107 AVE. APT D
CITY-ST-ZIP MIAMI FL 33173

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS Jose Cartagena
CITY-ST-ZIP 10411 SW. 88th A-205
MIAMI FL 33176

TITLE NAME ☐ Delete
ST FELICIANO, ANGELA M
STREET ADDRESS 10405 S.W. 88 ST, APT A-214
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D CARTAGENA, TAINEE
STREET ADDRESS 8000 BAYSHORE CT #110
CITY-ST-ZIP MIAMI FL 33138

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D NIEVES, JUANA
STREET ADDRESS 8325 S.W. 107 AVE APT D
CITY-ST-ZIP MIAMI FL 33173

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D SANTANA, EFRAIN
STREET ADDRESS 8440 SW 107 AVE APT 110
CITY-ST-ZIP MIAMI FL 33173

TITLE NAME ☐ Change ☐ 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 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: _____

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-270-6242

CR2E037 (9/99)