

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90010 041 \*\*\*\*61.25

**DOCUMENT # N95000005709**

1. Entity Name

**MINISTERIO DE METAFISICA UNIVERSAL, INC.**

*VR*

Principal Place of Business

10741 SW 104 ST  
 MIAMI FL 33176

Mailing Address

PO BOX 830952  
 MIAMI FL 33283

00059759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12370 Quail Roost Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0709258

Applied For

Not Applicable

Zip

33177

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**  
**After September 12, 2001, min. will be \$236.25**

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

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

TITLE **VPT** ☐ Delete  
 NAME **CARTAGENA, JOSE**  
 STREET ADDRESS **10411 SW 88TH ST A -2 D5**  
 CITY-ST-ZIP **MIAMI FL 33176**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Signature Required*

CR2E037 (5/01)