## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N95000005709

Entity Name: MINISTERIO DE METAFISICA UNIVERSAL, INC.

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12370 QUAIL ROOSTDR MIAMI, FL 33177 **Current Mailing Address: New Mailing Address:** PO BOX 830952 MIAMI, FL 33283 FEI Number: 65-0709258 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANTIAGO, DARITZA 10400 SW 108 AVE APT A-212 A-214 MIAMI, FL 33176 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANTIAGO, DARITZA Name: Name: Address: 10400 SW 108 AVE APT A-212 Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition CARTAGENA, JOSE Name: Name: CARTAGENA, JOSE Address: 10411 SW 88TH ST A -2 D5 Address: 10411 SW 88TH ST APT B-205 City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: () Change () Addition FELICIANO, ANGELA M Name: Name: 10405 S.W. 88 ST, APT A-214 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: ( ) Delete Title: Title: () Change () Addition CARTAGENA, TAINEE Name: Name: 8000 BAYSHORE CT #110 Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: () Delete Title: () Change () Addition NIEVES, JUANA Name: Name: 8325 S.W. 107 AVE APT D Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: () Delete Title: () Change () Addition SANTANA, EFRAIN Name: Name: Address: 8440 SW 107 AVE APT 110 Address: MIAMI, FL 33173 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DARITZA SANTIAGO P 05/01/2002