№QO UNIFORM BUSINESS REPORT, (UBR) FILED DOCUMENT # N99000003023 May $0\overline{1}$, 2000 8:00 am t. Entity Name Secretary of State UNIVERSAL INSTITUTE OF DIVINE METAPHYSICAL RESEA 01-29-2000 90134 038 ****70.00 Principal Place of Business Mailing Address 3280-C SOUTH ATLANTIC AVENUE, #28 2322 SOUTH PALMETTO AVENUE, #5 DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32118-6247 2. Principal Place of Business 3. Mailing Address 2517 Florida Blvd. P.O. Box 214149 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State X Applied For City & State Daytona Bch; FLSCIC FL0111 Daytona Beach. Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 32121-4149. Volusia 32119~ Volusia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ORTIZ, LYNN 2322 SOUTH PALMETTO AVENUE, #5 2517 Florida Blvd. DAYTONA BEACH FL 32119 Daytona Beach 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 DATE Signature, typed or printed name of registered agent and title % applicable. (NOTE: Registered Agent signature required when remetating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Addition Change Delete TITLE TITLE Ginger Lopez (D) NAME NAME STREET ADDRESS 1708 Center Avenue STREET CITY-ST-ZIP 32117 Holly Hill FL ÇII Change X Addition TITLE Ш ate NAME NA John Ortiz (D) 2517 Florida Blvd. STREET ADDRESS ST CITY-ST-ZIP -CI 32119 Daytona Beach, FL Change Addition TITLE TIT NAME Daniel Gutierrez(D) NA STREET ADDRESS 3748 Paige Street STI CITY-ST-ZIP Port Orange, FL 32119 Ti3 S/T ☐ Change XX Addition 111 Lynn Ortiz (D) 2517 Florida Blvd. NAME NA STREET ADDRESS STI Daytona Beach, FL 32119 CITY-ST-ZIP CIT Change Addition TITLE πī NAME NA STREET ADDRESS STF CITY-ST-ZIP CiT ☐ Change ☐ Addition TITLE TITI te

12. I hereby certify that the information supplied with this filing does not quality 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.

NAME

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE:

NAJ

STREET AUDRESS

CITY-ST-ZIP

FEMALUE REQUIRED

1-25-00

(904) 831-2149

Daytime Phone