

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006035 1. Entity Name INSTITUTE OF UNIVERSAL ENERGY & INFORMATION, INC.	
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03302004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELLO, TEMISTOCLES
4400 N.W. 107 AVENUE, SUITE 305
MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reappointing)

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**

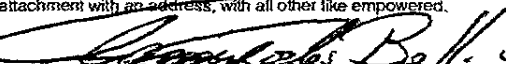
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BELLO, TEMISTOCLES 4400 N.W. 107 AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMAN, SABRINA 7823 S.W. 119 PLACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVELEN, SORAYA 2319 S.W. 29 AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IOZZI, FRANCA 111 N.W. 85 PLACE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/04-20036-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 31, 2004 (809) 350-9990

Date

Daytime Phone #

TEMISTOCLES BELLO