

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90238 014 ***158.75

DOCUMENT # P00000022341

1. Entity Name

UNIVERSE 2000 AUTO SALES, INC.

Principal Place of Business

**5830 NE 2ND AVE
 MIAMI FL 33137**

Mailing Address

**5830 NE 2ND AVE
 MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0986338

Applied For

Not Applicable

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

ST CHARLES, CHARLES C

**700 NE 80TH ST
 MIAMI FL 33138**

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00

**After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **EUGENE, JOSEFINA**
 STREET ADDRESS **1020 NE 180TH TER**
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **D** ☒ Delete
 NAME **EUGENE, BERNEX L**
 STREET ADDRESS **1020 NE 180TH TER**
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GUZMAN EUGENE JOSEFINA** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1020 NE 180TH TER**
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene Guzman
 SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

01-07-2002

Date

305 751-6969

Daytime Phone #

0513237

CR2004 (9/01)