7/2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

07-24-2001 90028 047 ***550.00

DOCUMENT # P00000070094

1. Entity Name
UNIVERSE.COM, CORP.

Principal Place of Business	Mailing Address
531 Pigeon Plum Lane Miami, FL 33137	

[redacted]

11243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14 NE 1st Avenue			
Suite, Apt. #, etc.: 1105		Suite, Apt. #, etc.:	
City & State: Miami, FL		City & State:	
Zip: 33132	Country: USA	Zip:	Country:

4. FEI Number 65-1031680 ☐ 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
	Name: AKAR, ELIAS
	Street Address (P.O. Box Number is Not Acceptable): 14 NE 1st Avenue, Suite 1105
	City: Miami FL Zip Code: 33132

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] 7/18/01
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 ON TIME - FEE IS $150.00. After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS AKAR, ELIAS 36 NE 1st Street Suite 810 Miami FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS AKAR, ELIAS 14 NE 1st Avenue, Suite 1105 Miami, FL 33132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] ELIAS AKAR 7/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #