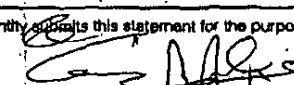
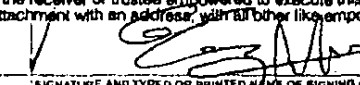


FILED

Aug 14, 2001 8:00 am
Secretary of State

07-24-2001 90028 047 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070094					
1. Entity Name UNIVERSE.COM, CORP.					
Principal Place of Business 531 Pigeon Plum Lane Miami, FL 33137			Mailing Address		
2. Principal Place of Business 14 NE 1st Avenue Suite, Apt. #, etc. 1105 City & State Miami, FL			3. Mailing Address Suite, Apt. #, etc. City & State		
Zip 33132		Country USA		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  7/18/01 Signature, typed or printed name of registered agent and file 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) ☐			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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: 			ELIAS AKAR 7/18/01		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CF2E034 (11/00)