

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90123 025 \*\*\*150.00

**DOCUMENT # P01000112337**



1. Entity Name  
**UNIVERSIDAD CESAR VALLEJO INC.**

Principal Place of Business  
**235 SIDONIA AVE. APT. 203  
CORAL GABLES FL 33134**

Mailing Address  
**235 SIDONIA AVE. APT. 203  
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **80-0024969**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ACUNA, CESAR JUNIOR  
235 SIDONIA AVE. APT. 203  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cesar A. Acuna*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
NOT Registered Agent signature required when reinstating

*Vice President*

*4/25/2003*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ACUNA, CESAR SENIOR</b>	
STREET ADDRESS	<b>235 SIDONIA AVE. APT. 203</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ACUNA, CESAR JUNIOR</b>	
STREET ADDRESS	<b>235 SIDONIA AVE. APT. 203</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: *Cesar A. Acuna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vice President*

*4/25/2003*  
Date Daytime Phone #

CR2E034 (10/02)