

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 009 ***150.00

DOCUMENT # P02000061158

1. Entity Name

3.14 UNIVERSAL CORPORATION



Principal Place of Business
1985 NW 88TH COURT
SUITE 201
MIAMI FL 33172

Mailing Address
1985 NW 88TH COURT
SUITE 201
MIAMI FL 33172

2. Principal Place of Business

5220 NW 72 AV.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 28

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip **FL 33166** Country

Zip Country

4. FEI Number
04-368 0138

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DIAZ-SARMIENTO, GABRIEL S CPA
1985 NW 88TH COURT
SUITE 201
MIAMI FL 33172

7. Name and Address of New Registered Agent

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

[Signature] **GABRIEL S. DIAZ-SARMIENTO CPA**
(NOTE: Registered Agent signature required when reappointing)

DATE

3/28/03

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

TITLE **PD** ☐ Delete
NAME **HOYOS, IVAN**
STREET ADDRESS **C/O 1985 NW 88TH COURT #201**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **SD** ☐ Delete
NAME **ELKIN RAUL ORLAS DIEZ**
STREET ADDRESS **C/O 1985 NW 88TH COURT #201**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **S** ☐ Delete
NAME **MAGALEY MOORE**
STREET ADDRESS **5220 NW 72 AV. #28**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

[Signature] **UNQUALIFIED FOR EXEMPTION MOORE**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/28/03 (305) 477-1227
Date Daytime Phone #

CR2E034 (10/02)