## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000126657

1. Entity Name

UNIVERSAL CYBERCOM CORPORATION



FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90131 013 \*\*\*150.00

Principal Place of Business 18151 NE 31ST CT PH 206 AVENTURA FL 33160			18151	Mailing Address 18151 NE 31ST CT., PH 206 AVENTURA FL 33160				2027138		
2. Principal Place of Business			3. Mai	3. Mailing Address				T TOBISCON THE COURT STATE CONTROL OF THE COURT STATE AND A STATE OF THE COURT STATE TO BE		
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City	City & State			4.	FEI Number 4/2070513 Applied For Not Applicable		
Zip Country			Zip		Coun	Country D 5.		. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent								Name and Address of New Registered Agent		
PAZ, MAU 18151 NE	IRICIO A 31ST CT.,	PH 206				Name Street Ad	dress (P.O. I	Box Number is Not Acceptable)		
AVENTUR										
						City		FL Zip Code		
	named entit tions of regist		t for the purp	ose of changing its	registere	ed office or i	egistered ag	agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTI	E: Registered	d Agent signatur	e required when	n reinstating) DATE		
F	II E NOWII	IL-FEE IS \$150.00								
Afte	r May 1, 200	03 Fee will be \$550.0 Florida Department						9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AT		RS	11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Р				TITLE			Change Addition		
NAME	PAZ. MAU	AZ, MAURICIO A		NAMI	E					
STREET ADDRESS	REET ADDRESS   18151 NE 31ST CT., PH 206					STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP										
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								Change Addition		
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CITY-ST-ZIP	]	and the same				-ST-ZIP				
	Cortify that the	e information supplied v	vith this filing	dass not qualify for			nd in Section	n 119.07(3)(i), Florida Statutes. I further certify that the information		
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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 suppliemental 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 see 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 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 the receiver of the chapter file of the cha

**SIGNATURE:** 

SIGNATURE AND TYPES OF SIGNING OFFICER OR DIRECTOR

3/12/03 786-253-493