

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029793

1. Entity Name
UNIVERSE FINANCIAL SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90449 029 ***150.00

Principal Place of Business 9700 SW 24 STREET SUITE C MIAMI FL 33165 US	Mailing Address 9700 SW 24 STREET SUITE C MIAMI FL 33165-7500 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2530 SW 87 AVE.	3. Mailing Address 2530 SW 87 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL.	City & State Miami, FL.	4. FEI Number 65-0487281	Applied For Not Applicable
Zip 33165	Country USA	Zip 33165	Country USA

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

6. Name and Address of Current Registered Agent
BEJERANO, SAMUEL JR
9700 SW 24 STREET
SUITE C
MIAMI FL 33165

7. Name and Address of New Registered Agent
Name **Samuel Bejerano Jr.**
Street Address (P.O. Box Number is Not Acceptable)
2530 SW 87 AVE.
City **Miami** FL Zip Code **33165**

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]* **Samuel Bejerano, pres.** DATE **4/21/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BEJERANO, SAMUEL 9700 SW 24 STREET SUITE C MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete BEJERANO, ALICE 9700 SW 24 STREET C MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2530 SW 87 AVE. Miami, FL. 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2530 SW 87 AVE. Miami, FL. 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 any other like empowered.
SIGNATURE: *[Signature]* **Samuel Bejerano** DATE **4/21/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)