## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

## DOCUMENT # P95000017258 May 17, 2000 8:00 am Secretary of State UNIVERSE TRADING CORPORATION 05-17-2000 90955 018 \*\*\*150.00 Principal Place of Business Mailing Address 1630 SW 1ST AVE 1630 SW 1RST AVE MIAMI FL 33129 MIAMI FL 33129-1153 U\$ 2. Principal Place of Business Bondull Ave 444 /3nc Kel DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0563094 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3313) Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EUGENIO, JOCE K.E. O. Box Number is Not Acceptable) 1630 SW 1ST AVE SUITE 9 B no- 750 MIAMI FL 33129 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Medeiros, Mauro Prado ☐ Delete TITLE TITLE MEDEIROS, MAURO PRADO NAME NAME 4611 SW 151 AVE STREET ADDRESS STREET ADDRESS 1630 SW 1ST AVE S9 B Miramar, Fl. 33027 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Molina, Rodrigo TITLE ☐ Change TITLE ☑ Delete ALMENDRA EBANCISCO NAME NAME 1630 SW-1ST AVE S 9 B STREET ADDRESS STREET ADDRESS Pembrolu Pirus, Fl 3302 6 CITY-ST-ZIP CITY-ST-ZIP MIAMÍ FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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