

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90005 044 \*\*\*550.00

**DOCUMENT # P95000027259**

1. Entity Name  
**UNIVERSE GOLD U.S.A. CORP.**

Principal Place of Business

1717 N. BAYSHORE DRIVE  
 SUITE 208  
 MIAMI FL 33132  
 US

Mailing Address

1717 N. BAYSHORE DRIVE  
 SUITE 208  
 MIAMI FL 33132

2. Principal Place of Business

**2121 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

**Suite 410**

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**U.S.A.**

3. Mailing Address

**2121 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

**Suite 410**

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0570171**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATARO, MARIO**  
 1717 N. BAYSHORE DRIVE  
 SUITE 208  
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2121 Ponce de Leon Blvd.**  
**Suite 410**  
 City **Coral Gables** **FL** Zip Code **33134**

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, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **Aug. 7, 2000**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	Delete
	<b>P</b>			<input checked="" type="checkbox"/>
	<b>PATARO, MARIO</b>	<b>1717 N. BAYSHORE DRIVE, #208</b>	<b>MIAMI FL 33132</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>President</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Pataro, Mario</b>	<b>2121 Ponce de Leon Blvd, #410</b>	<b>Coral Gables, FL 33134</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other info empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **Aug. 7, 2000** (305) 445-0332  
 Daytime Phone #

CR2E034 (5/00)