2000 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P95000079069** 1. Entity Name UNIVERSAL VENTURES CORP. 02-01-2000 90019 018 ***150.00 Principal Place of Business Mailing Address 2900 SW 3RD AVE., STE. 801 2600 SW 3RD AVE., STE, 801 COLTINOO MIAMI FL 33129 MIAMI FL 33129-2326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0613628 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMKGS REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVE., STE. 1980 **MIAMI FL 33131** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** мау Ве Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Delete TITLE ☐ Change TITLE GROSS, BEILE NAME MAME STREET ADDRESS STREET ADDRESS CIUDAD DE LA PAZ 2259, 5' B CITY-ST-ZIP CITY-ST-ZIP 1428 BUENOS AIRES, ARGENTINA ☐ Change Addition TITLE TITLE Delete ROSENFELD, CLARISSA D NAME NAME STREET ADDRESS STREET ADDRESS 2600 SW 3RD AVE., STE. 801 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS

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 like empowered.

CITY-ST-ZIP

SIGNATURE: BEILE GROSS, DIRECTOR VS-LULE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

1/12/00

305 285-7811

FILED

Daytime Phone #

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