## 05-17-2000 90853 032 \*\*\*150.00

2000	UNIFORM	BUSINESS	REPORT	(UBR)

FILED DOCUMENT # P96000014086 May 17, 2000 8:00 am Secretary of State 1. Entity Name UNIVERSE GROUP, CORP. Principal Place of Business Mailing Address 301 HIBISCUS AVE 301 HIBISCUS AVE " MACAAAA POMPANO BCH FL 33062 POMPANO BCH FL 33062-5516 U\$ US 2. Principal Place of Business 5215 WW 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Ompous Black Applied For City & State 4. FEI Number 59-3361667 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEROS, SILVA Street Address (P.O. Box Number is Not Acceptable) 301 HIBISCUS AVENUE #3 POMPANO BCH FL 33062 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD Change ☐ Addition ☐ Delete TITLE TITLE 5215 NW 77th COURT NAME NAME SILVA, HEROS STREET ADDRESS STREET ADDRESS 301 HIBISCUS AVENUE, #3 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Γ**1**LChange ☐ Addition TITLE ٧D ☐ Delete TITLE 5215 NW 77th count SOUSA, LILIANE STREET ADDRESS STREET ADDRESS 301 NIBISCUS AVENUE, #3 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Addition TITLE ☐ Delete SOUSA-RONALDO -- ---NAME: STREET ADDRESS STREET ADDRESS 301 HIBISCUS AVENUE #3 CITY-ST-ZIE CITY-ST-ZIP POMPANO BCH FL TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2F034 (9/99)