

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91329 015 ***150.00

DOCUMENT # P96000014086

1. Entity Name
UNIVERSE GROUP, CORP.

Principal Place of Business 5215 NW 77TH CT POMPANO BEACH FL 33073 US	Mailing Address 301 HIBISCUS AVE 3 POMPANO BCH FL 33062 US
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00053586



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5215 NW 77 CT Suite, Apt. #, etc.
City & State	City & State POMPANO BEACH, FL
Zip	Country
Country	Zip 33073
Country	Country USA

4. FEI Number 59-3361667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HEROS, SILVA
301 HIBISCUS AVENUE #3
POMPANO BCH FL 33062

7. Name and Address of New Registered Agent
 Name **LILIANE SOUSA**
 Street Address (P.O. Box Number is Not Acceptable)
5215 NW 77 CT
 City **POMPANO BEACH** FL Zip Code **33073**

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 DATE **4/30/01**
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, 2001 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	PD SILVA, HEROS 5215 NW 77TH CT POMPANO BEACH FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOUSA, LILIANE 5215 NW 77TH CT POMPANO BEACH FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SOUSA, RONALDO 5215 NW 77TH CT POMPANO BEACH FL 33073 <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
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	VD SILVA, HEROS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5215 NW 77 CT POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUSA, LILIANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5215 NW 77 CT POMPANO BEACH, FL 33073
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 all other like empowered.

SIGNATURE: **LILIANE SOUSA** Date **4/30/01** (954) 571 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)