

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90353 019 ***150.00

AV. 03709

DOCUMENT # P96000014086

1. Entity Name
UNIVERSE GROUP, CORP.

Principal Place of Business
5215 NW 77TH CT
POMPANO BEACH FL 33073
US

Mailing Address
5215 NW 77 CT.
POMPANO BEACH FL 33073
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3361667

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUSA, LILIANE
5215 NW 77 CT
POMPANO BEACH FL 33073

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 DATE
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
NAME SILVA, HEROS
STREET ADDRESS 5215 NW 77TH CT
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME SOUSA, LILIANE
STREET ADDRESS 5215 NW 77TH CT
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD
NAME SOUSA, RONALDO
STREET ADDRESS 5215 NW 77TH CT
CITY-ST-ZIP POMPANO BEACH FL 33073

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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: LILIANE SOUSA

4/30/02 (954)5712107
Date Daytime Phone #

CR2E034 (9/01)