2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075386

SIGNATURE:

| 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600075386 1. Entity Name UNIVERSAL INVESTORS NETWORK INC. | | | | FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90128 044 ***158.75 | |
|---|---|---|--|---|--------------------------------|
| Principal Place of Business 1390 S. DIXIE HWY. SUITE 2102 CORAL GABLES FL 33146 | | Mailing Address 1390 S. DIXIE HWY. SUITE 2102 CORAL GABLES FL 33146 | | | 2 111 1 22 1 . |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | 00 0000004 | ed For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Addition Fee Required | pplicable onal |
| 6. Name and Address of Current Registered Agent | | egistered Agent | | 7. Name and Address of New Registered Agent | |
| 1390 SUП | BERT, JUANITA) S. DIXIE HWY. E 2102 IAL GABLES FL 33146 | | | (P.O. Box Number is Not Acceptable) | |
| | | | City | In FL Zip Code | |
| Tax filing | Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) | FILE NOW!!! | gistered Agent signature require FEE IS \$150.00 Fee will be \$550.00 to Department of Sta | 10. Election Campaign Financing \$5.00 | |
| 11. | OFFICERS AND D | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 111 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEREZ, CLAUDIO M. 1390 S. DIXIE HWY., STE. 2102 CORAL GABLES FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change [| Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FERNANDEZ, RUBEN J. 1390 S. DIXIE HWY., STE. 2102 CORAL GABLES FL | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change [| _] Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEREZ, CAMILO J. 1390 S. DIXIE HWY, STE. 2102 CORAL GABLES FL | — , ⊒ . — ≠, □,Delete , | _TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | Addition- |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ | Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ |] Addition |
| 13. I hereby of indicated of the corchanged, | certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee emowy or on an attachment with a additional with a supplemental trustee. | is filing does not qualify for the ue and accurate and that my signed a execute this report as no and the like empowered. | exemption stated in Se gnature shall have the equired by Chapter 607 | ection 119.07(3)(i), Florida Statutes, I further certify that the inform same legal effect as if made under oath; that I am an officer or or 7, Florida Statutes; and that my name appears in Block 11 or Blo | nation lirector ck 12 if |