

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0235135  
 AV

03-13-2002 90061 040 \*\*\*150.00

**DOCUMENT # P98000100257**

1. Entity Name  
**UNIVERSIDAD METAFISICA DE LA FLORIDA INC.**

Principal Place of Business 1330 CORAL WAY STE 204 MIAMI FL 33130	Mailing Address 1330 CORAL WAY STE 204 MIAMI FL 33130
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3375 N COUNTRY CLUB DRIVE	3. Mailing Address 3375 N COUNTRY CLUB DR
---	--

Suite, Apt. #, etc. SUITE #702	Suite, Apt. #, etc. SUITE # 702
-----------------------------------	------------------------------------

City & State AVENTURA, FLORIDA	City & State AVENTURA, FLORIDA
-----------------------------------	-----------------------------------

4. FEI Number 65-0884122	Applied For Not Applicable
-----------------------------	-------------------------------

Zip 33180	Country MIAMI-DADE	Zip 33180	Country MIAMI-DADE
--------------	-----------------------	--------------	-----------------------

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

~~FERNANDEZ, CELINA C~~  
 3375 N. COUNTRY CLUB DR.  
 SUITE 702  
 AVENTURA FL 31180

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D FERNANDEZ, CELINA C		
STREET ADDRESS	3375 N. COUNTRY CLUB DR SUITE 702	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2002 (305) 510-4405

Date Daytime Phone #

CR2E034 (9/01)