

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, CELINA C 3375 N. COUNTRY CLUB DR SUITE 702 AVENTURA FL 33180	<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
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2002 (305) 510-4405

Date

Daytime Phone #

CR2E034 (9/01)