

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90294 019 \*\*\*150.00

DOCUMENT # P98000100257  
1. Entity Name  
UNIVERSIDAD METAFISICA de la FLORIDA



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3375 N. COUNTRY CLUB Dr. Suite, Apt. #, etc. Suite 702 City & State Aventura Florida		3. Mailing Address 3375 N. COUNTRY CLUB Dr. Suite, Apt. #, etc. Apt. 702 City & State Aventura, Florida	
Zip 33180	Country USA	Zip 33180	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650884122	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CELINA C. FERNANDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**3375 N. COUNTRY CLUB Dr. # 702**  
City **AVENTURA** FL Zip Code **33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$250.00  
Amended UBR is \$67.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	3PS FERNANDEZ CELINA C. 3375 N. COUNTRY CLUB Dr. # 702 AVENTURA, FL. (33180)
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12. 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 10 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

01/28/2003 (305)5104405  
Date Daytime Phone #

CR2E0348 (12/02)