

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90045 039 \*\*\*150.00

**DOCUMENT # V14139**

1. Entity Name  
**UNIVERSAL 2000 TRADING CCORPORATION**



Principal Place of Business  
**2622 N.W. 72 AVE.  
MIAMI FL 33122  
US**

Mailing Address  
**8600 N.W. 53 TERR  
SUITE 105  
MIAMI FL 33166-4509  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0332148**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, HORACIO L  
4779 COLLINS AVE.  
APT. 2704  
MIAMI BEACH FL 33140**

Name **Horacio L. Alvarez**  
Street Address (P.O. Box Number is Not Acceptable)  
**4779 COLLINS AVE.**  
**APT 2704**  
City **Miami Beach FL** Zip Code **33140**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-16-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **ALVAREZ, HORACIO L**  
STREET ADDRESS **5555 COLLINS AVENUE #10 P**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **Horacio L. Alvarez** ☒ Change ☐ Addition  
NAME **Horacio L. Alvarez**  
STREET ADDRESS **4779 COLLINS AVE**  
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-03**

Date

Daytime Phone #

CR2E034 (10/02)