

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90193 027 ***150.00

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DOCUMENT # P01000073335

1. Entity Name
WORLD PLATED, CORP.



Principal Place of Business
**1843 NW 20TH ST
MIAMI FL 33142**

Mailing Address
**1843 NW 20TH ST
MIAMI FL 33142**



2. Principal Place of Business

3. Mailing Address
1845A NW 20TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
MIAMI, FL

4. FEI Number **52-8399205**

Applied For
Not Applicable

Zip

Country

Zip
33142

Country

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

**MARTINS DE SA, ARY
1843 NW 20TH ST
MIAMI FL 33142**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	PD	<input type="checkbox"/> Delete
NAME	MARTINS DE SA, ARY	
STREET ADDRESS	733 SE 1ST WAY #102	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SA, MOEMA	
STREET ADDRESS	733 SE 1ST WAY #102	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SA, VALERIA	
STREET ADDRESS	733 SE 1ST WAY #102	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/07/03** (305) 548-5000
Daytime Phone #

CR2E034 (10/02)