

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90062 028 \*\*\*150.00

**DOCUMENT # P01000112954**

1. Entity Name  
**WORLD CLASS DEVELOPERS, INC.**

Principal Place of Business  
**3850 NW 114 Avenue**  
**Miami, Florida 33178**  
**Tel. 305-252-7463**  
**Fax: 305-599-7344**

Mailing Address  
**3850 NW 114 Avenue**  
**Miami, Florida 33178**  
**Tel. 305-252-7463**  
**Fax: 305-599-7344**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3850 NW 114 AVE**

3. Mailing Address  
**3850 NW 114 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**01-0553474**

Applied For  
 Not Applicable

Zip  
**33178**

Country  
**USA**

Zip  
**33178**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HANNA, BARRY**  
**14951 SOUTH DIXIE HIGHWAY**  
**MIAMI FL 33176**

**7. Name and Address of New Registered Agent**

Name **HANNA, BARRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3850 NW 114 AVE**  
 City **MIAMI** FL Zip Code **33178**

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, 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PD <input type="checkbox"/> Delete
NAME	HANNA, BARRY
STREET ADDRESS	14951 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL 33176
TITLE	VD <input type="checkbox"/> Delete
NAME	HANNA, SONIA
STREET ADDRESS	14951 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL 33176
TITLE	SD <input type="checkbox"/> Delete
NAME	BERTEMATTI, GINA
STREET ADDRESS	14951 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, BARRY
STREET ADDRESS	3850 NW 114 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, SONIA
STREET ADDRESS	3850 NW 114 AVE
CITY-ST-ZIP	MIAMI, FLORIDA 33178
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTEMATTI, GINA
STREET ADDRESS	3850 NW 114 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

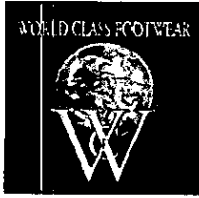
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same 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 507, 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

Date Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # P01000112954



## WORLD CLASS FOOTWEAR, INC.

3850 NW 114 Avenue

Miami, Florida 33178

Telephone: 786-331-7665

Fax: 305-599-7344

Email: [wcs shoes@bellsouth.net](mailto:wcs shoes@bellsouth.net)

September 8, 2002

Department of State  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Document #P01000112954 -- World Class Developers, Inc.**

Dear Sir or Madam:

Enclosed is our check #23317 for the sum of \$150 for the annual filing of the "Uniform Business Report". Please be advised that we never received this form previously but after speaking with an individual at the Department of State they told me to send this payment along with this letter.

Sincerely,

A handwritten signature in black ink that reads "Steven Isaacs". The signature is written in a cursive style with a large, sweeping 'S' at the beginning.

Steven Isaacs  
Financial Controller