

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P96000052930**

1. Entity Name  
**NET WORTH PLUS INVESTING, CORP.**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90019 004 \*\*\*150.00

Principal Place of Business <b>1940 NE 199 ST MIAMI FL 33179</b>	Mailing Address <b>1940 NE 199 ST MIAMI FL 33179-3113</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0698586</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DAYDEN, JAMES  
5762 NW 101 DR  
CORAL SPRINGS FL**

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

Name **PILAR JAINEHILL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1940 N.E. 199 ST.**  
City **MIAMI** FL Zip Code **33179**

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 *Pilar Jainehill* (NOTE: Registered Agent signature required when reinstating) DATE **2/19/00**

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, 2000 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	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>JAINCHILL, MARTIN</b>	
STREET ADDRESS <b>1940 NE 199 ST</b>	
CITY-ST-ZIP <b>MIAMI FL 33179</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DRYDEN, JAMES R</b>	
STREET ADDRESS <b>5762 NW 101 DR</b>	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>JAINHILL, PILAR</b>	
STREET ADDRESS <b>1940 NE 199 ST</b>	
CITY-ST-ZIP <b>MIAMI FL 33179</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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 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: *Pilar Jainehill* (NOTE: Registered Agent signature required when reinstating) DATE **2/18/00** Daytime Phone #

CR2E034 (9/99)