

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084156

1. Entity Name

WORLD HOTEL CONCEPTS & PROJECTS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90022 009 ***150.00

Principal Place of Business

Mailing Address

900 INGRAHAM BLDG.
25 S.E. 2ND AVE.
MIAMI FL 33131

900 INGRAHAM BLDG.
25 S.E. 2ND AVE.
MIAMI FL 33131-1506

2. Principal Place of Business

12455 S.W. 93rd Terrace
Suite, Apt. #, etc.

Suite 310

City & State

Miami, FL

Zip
33186

Country
USA

3. Mailing Address

12455 S.W. 93rd Terrace
Suite, Apt. #, etc.

Suite 310

City & State

Miami, FL

Zip
33186

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961126

Applied For

Not Applicable

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

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BLDG.
25 S.E. 2ND AVE.
MIAMI FL 33131

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.

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 \$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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|-----------------------------|-----------------|---------------------------------|
| P/T | Bernardo Oliver | 12455 S.W. 93rd Terr., #310 | Miami, FL 33186 | <input type="checkbox"/> |
| S | Philippe Jacquemin | 12455 S.W. 93rd Terr., #310 | Miami, FL 33186 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 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:

Philippe Jacquemin
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
Date

(305) 595-5374
Daytime Phone #

CR2E034 (9/99)