

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90246 044 \*\*\*150.00

**DOCUMENT # V48625**

1. Entity Name  
**PHOENIX ALLWORLD LTD. SERVICES CORPORATION**

Principal Place of Business      Mailing Address  
**4842 S. PRICES PT.**      **4842 S. PRICES PT.**  
**HOMOSASSA FL 34448**      **HOMOSASSA FL 34448**  
**US**      **US**

645326



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      Applied For  
**65-0343849**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIZZO, DIANA**  
**13500 SW 14 PLACE**  
**DAVIE FL 33325**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4842 S. PRICES PT.**  
 City      Zip Code  
**HOMOSASSA**      **34448**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2001 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 |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>P RIZZO, DIANA</b>           | NAME  |  |
| STREET ADDRESS             | <b>13500 SW 14 PLACE</b>        | STREET ADDRESS  | <b>4842 S. PRICES PT.</b>  |
| CITY-ST-ZIP                | <b>DAVIE FL 33325</b>           | CITY-ST-ZIP   | <b>HOMOSASSA, FL 34448</b>   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | 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: Diana Rizzo      4-20-01      (352)6286429  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)