

From : WORLD SOFTWARE SERVICES

№ TELEFONO : 915569187

FILED
May 16, 2001 8:00 am
Secretary of State

APR-26-2001 10:17 AM WSS CORP. HIGH

301

05-16-2001 90252 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037166

1. Entity Name

WORLD SOFTWARE SERVICES, CORP.

Principal Place of Business

**1101 BRICKELL AVE STE 800
 MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVE STE 800
 MIAMI FL 33131**

A0068445

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FIC Number

65-0933132

Applied Fee

Not Applicable

6. Certificate of Status Limited

☐

**\$8.75 Additional
 Fee Required**

5. Name and Address of Current Registered Agent

**PORRAS, SERGIO
 1101 BRICKELL AVE STE 800
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 of Officer or Director (Signature required for all entities)

(Signature of Registered Agent is required when reappointing)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ (See criteria on back)

10. Election Campaign Financing Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

11.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
 MEJIA, GONZALO S
 1101 BRICKELL AVE STE 800
 MIAMI FL 33131**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(2)(c), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 recipient of a power of attorney 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 my address, with all other like information.

SIGNATURE:

Signature and Typed or Printed Name of Officer or Director

4/23/01

305-593-8589

Date

Telephone Number