

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387937

1. Entity Name

WORLD DEVELOPMENT & CONSTRUCTION COMPANY

Principal Place of Business

519 CEDAR FOREST CIRCLE
ORLANDO FL 32828
US

Mailing Address

P.O. BOX 780999
ORLANDO FL 32878-0999

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 50-1401420

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

BALBIN, SERGIO
2213 WYMDAM WAY
KISSIMMEE FL 34743

Name

SERGIO BALBIN

Street Address (P.O. Box Number is Not Acceptable)

519 Cedar Forest Circle

City

ORLANDO

FL

Zip Code

32828

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, 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 PD
NAME BALBIN, SERGIO
STREET ADDRESS 2213 WYMDAM WAY
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ Delete

TITLE PD
NAME SERGIO BALBIN
STREET ADDRESS 519 Cedar Forest Circle
CITY-ST-ZIP Orlando FLA 32828 ☒ Change ☐ Addition

TITLE ST
NAME BALBIN CICELY
STREET ADDRESS 2213 WYMDAM WAY
CITY-ST-ZIP KISSIMMEE FL ☒ Delete

TITLE ST
NAME BALBIN CICELY
STREET ADDRESS 519 CEDAR FOREST CIRCLE
CITY-ST-ZIP ORLANDO FLA 32828 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SERGIO BALBIN President

4-17/2001 407 4821213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)