

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 388539

1. Entity Name

WORLDCHECK, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90043 001 \*\*\*150.00

Principal Place of Business

12955 BISCAYNE BLVD  
SUITE 410  
NORTH MIAMI FL 33181  
US

Mailing Address

C/O MICHAEL S. DAVIS  
2311 NORTH ANDREWS AVENUE  
WILTON MANOR FL 33311-3924  
US

80005250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2311 N Andrews Ave  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wilton Manors FL

City & State

4. FEI Number

59-1366527

Applied For  
Not Applicable

Zip

Country

33311

USA

Zip

Country

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

DAVIS, MICHAEL S  
2311 N. ANDREWS AVENUE  
WILTON MANORS FL 33311

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DAVIS, MICHAEL S  
STREET ADDRESS 1200 N.W. 101 WAY  
CITY-ST-ZIP PLANTATION FL ☐ Delete

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

TITLE VST  
NAME STONE, JACK  
STREET ADDRESS 3268 BEECH BERRY CIR  
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael S. Davis

1/11/00

954-566-9919

CR2E034 (9/99)