## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 01, 2000 8:00 am Secretary of State **DOCUMENT # 543663** 05-01-2000 90493 028 \*\*\*150.00 A A A A WORLD IMPORT-EXPORT, INC. Mailing Address Principal Place of Business 11400 NW 32 AVE 11400 NW 32 AVE HI CUTUUU MIAMI FL 33167 MIAMI FL 33167-2901 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1829387 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGRAM, HOWARD, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 9700 SOUTH DIXIE HIGHWAY N. KEDALL MIAMI FL 33156 SUITE 207 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 signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS E034 (9/99) ☐ Addition VĪD Change Delete TITLE TITLE PATEL, KIRAN NAME NAME STREET ADDRESS STREET ADDRESS 11400 NW 32 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 33167 ☐ Addition TITLE ☐ Delete TITLE PATEL, AMBU NAME STREET ADDRESS STREET ADDRESS 11400 NW 32 AVE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33167 ☐ Change Addition SD ☐ Delete TITLE TITLE PATEL, GOVAN NAME NAME STREET ADDRESS STREET ADDRESS 11400 NW 32 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33167** ☐ Change ☐ Addition TITLE ☐ Delete TITLE PATEL, DIPAK NAME 11400 NW 32 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33167 ☐ Delete Change Addition TITLE PATEL, ANIL NAME NAME STREET ADDRESS 11400 NE 32 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33167 VDS ☐ Addition TITI F ☐ Delete TITLE PATEL, VIJAY (ASST) NAME NAME STREET ADDRESS 11400 NW 32 AVE STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP **MIAMI FL 33167**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR