

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90023 010 ***150.00

DOCUMENT # 565853

1. Entity Name

WORLD DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

SW 78 STREET
 STE 100
 FL 33143

P.O. BOX 430065
 MIAMI FL 33243-0065
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

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

ASKARI, MICHAEL
8190 SW 78TH ST
SUITE 100
MIAMI FL 33143

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	PDM	<input type="checkbox"/> Delete
NAME	ASKARI, MICHAEL	
STREET ADDRESS	8190 SW 78TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TDC	<input type="checkbox"/> Delete
NAME	ASKARI, MICHAEL	
STREET ADDRESS	8190 SW 78TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ASKARI, MICHAEL	
STREET ADDRESS	8190 SW 78TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMBURG, SR W	
STREET ADDRESS	8190 SW 78TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMBURG, DOROTHY A	
STREET ADDRESS	8190 SW 78TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMBURG, JR W KIND	
STREET ADDRESS	8190 SW 78TH ST	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Askari*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000 305-596-1000
 Date Daytime Phone #

CR2E034 (9/99)