

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001356

1. Entity Name
WORLD WARRANTY CORP.

Principal Place of Business
23123 STATE ROAD 7, #340
BOCA RATON FL 33428

Mailing Address
23123 STATE ROAD 7, #340
BOCA RATON FL 33428

2. Principal Place of Business
700 Banyan Trail
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip
33431

Country
U.S.A.

City & State

Zip

Country

4. FEI Number ~~APPLIED FOR~~
52-2224671

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOKINOS, PETER
23123 STATE ROAD 7, #340
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
Kokinos, Peter
Street Address (P.O. Box Number is Not Acceptable)
700 Banyan Trail, Suite 200
City Boca Raton FL Zip Code 33431

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 By: Peter J. Kokinos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 16, 2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSCD
KOKINOS, PETER
23123 STATE ROAD 7, #340
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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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
PSD
Kokinos, Peter
700 Banyan Trail, Suite 200
Boca Raton, FL 33431 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 empowered.

SIGNATURE: By: Peter Kokinos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001 (561) 470-0893

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0297403

CR2E034 (10/00)