

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90026 020 ****61.25

DOCUMENT # F00000003796

1. Entity Name

WORLD FOUNDATION FOR SCIENCE, FINANCE AND DEVELO

Principal Place of Business

**6801 NORTHWEST 6TH STREET
PLANTATION FL 33317**

Mailing Address

**6801 NORTHWEST 6TH STREET
PLANTATION FL 33317**

2. Principal Place of Business

6801 NORTHWEST 6TH ST

3. Mailing Address

6801 NORTHWEST 6TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL 33317

City & State

PLANTATION FL 33317

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

87-12663267

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

Name

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

City

FL

Zip Code

**PETRILLO, RONALD A
6801 NORTHWEST 6TH STREET
PLANTATION FL 33317**

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

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GOODMAN, ARTHUR 291 BAL BAY DR. BAL HARBOUR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS SINE, WESLEY F 420 EAST SOUTH TEMPLE SALT LAKE CITY UT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS LIEVANA, IRENE G 420 EAST SOUTH TEMPLE SALT LAKE CITY UT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required PRESIDENT 9/8/01 305 88 6489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)