

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001630

1. Entity Name

WORLD GRAPHICS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90067 035 ***150.00

Principal Place of Business

500 W CYPRESS CK RD
430
FORT LAUDERDALE FL 33309
US

Mailing Address

500 W CYPRESS CK RD
430
FORT LAUDERDALE FL 33309-6165
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0447687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAHN, ROBERT M ESQ.
C/O KAHN & GUTTER
PAINE WEBBER PLAZA, 8211 W BROWARD BLVD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	DE AMORIM PACHECO, ANTONIO M	
STREET ADDRESS	ALAMEDA ARGENTINA 832, ALPHAVILLE 2	
CITY-ST-ZIP	BARUER, SAO PAULO, BRAZIL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, HELENE D	
STREET ADDRESS	ALAMEDA ARGENTINA 832, ALPHAVILLE 2	
CITY-ST-ZIP	BARUER, SAO PAULO, BRAZIL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAWKINS-CLARK, JANICE	
STREET ADDRESS	1760 SW 6 AVE	
CITY-ST-ZIP	POMOPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDENHURK, JANICE	
STREET ADDRESS	P.O. Box 420977	
CITY-ST-ZIP	SUMMERLAND KEY, FL. 33042	
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
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:

Janice Vandenhurk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

Daytime Phone #

CR2E034 (9/99)