

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005650

1. Entity Name

WORLD DIAGNOSTICS INC.

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90056 008 \*\*\*558.75

Principal Place of Business

15271 NW 60TH AVE., SUITE 201  
MIAMI LAKES FL 33014

Mailing Address

15271 NW 60TH AVE., SUITE 201  
MIAMI LAKES FL 33014

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 65-0742342

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

LEGAL ASSETS, INC.

% SACHER, ZELMAN, STANTON  
1401 BRICKELL AVE., #700  
MIAMI FL 33131

Name

~~THE COMPANY CORPORATION~~ M. BESSON

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

~~103 CENTRE ROAD~~ 15271 NW 60TH AVE

STE 201 MIAMI LAKES, FL 33014

City

WINNINGTON

DE

Zip Code

19899

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PETERS, KEN  
11269 N.W. 15TH PL  
PEMBROKE PINES FL 33026 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
UP FINANCE  
PAUL KAMPS  
15271 NW 60TH AVE  
MIAMI LAKES FL 33014 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KALTER, ELIOT  
7210 PYLE RD  
BETHESDA MD 20817 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KONDRACKI, MICHAEL  
117 E. 18TH ST., #2  
NEW YORK NY 10003 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMPBELL, TREVOR  
6163 N.W. 182ND  
MIAMI FL 33015 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PETERS, BARRY  
680 HARBOR ST., #6  
VENICE CA 90291 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICHARD HUNBERT  
10801 NATIONAL BLVD  
VENICE CA 90291 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00

305 827 3304

Date

Daytime Phone #

CR2E034 (5/00)