

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90135 046 ***158.75

DOCUMENT # F97000005650

1. Entity Name

WORLD DIAGNOSTICS INC.

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

16250 NW 59TH AVE.

3. Mailing Address

16250 NW 59TH AVE

Suite, Apt. #, etc.

BUILDING B

Suite, Apt. #, etc.

BUILDING B

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

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

Name

KARLEENA BESSON

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

8337 NW 142ND AVE

City

HALEAH

FL

Zip

33016

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

KARLEENA BESSON SECRETARY Karleena Besson 4/30/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PETERS, KEN | |
| STREET ADDRESS | 11269 N.W. 15TH PL | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | KALTER, ELIOT | |
| STREET ADDRESS | 7210 PYLE RD | |
| CITY-ST-ZIP | BETHESDA MD 20817 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KONDRACKI, MICHAEL | |
| STREET ADDRESS | 117 E. 18TH ST., #2 | |
| CITY-ST-ZIP | NEW YORK NY 10003 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAMPBELL, TREVOR | |
| STREET ADDRESS | 6163 N.W. 182ND | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PETERS, BARRY | |
| STREET ADDRESS | 680 HAVOR ST., #6 | |
| CITY-ST-ZIP | VENICE CA 90291 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NAVA SWERSKY SOFER | |
| STREET ADDRESS | DIZENGOFF STREET | |
| CITY-ST-ZIP | 64332 TEL AVIV, ISREAL | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ORNA L SHULMAN | |
| STREET ADDRESS | 1500 BROADWAY | |
| CITY-ST-ZIP | NEW YORK, NY 10036 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICHARD PHUMBERT | |
| STREET ADDRESS | 818-3010 BEACH STREET | |
| CITY-ST-ZIP | VENICE, CA 90291 | |
| TITLE | EXECUTIVE VP OF FINANCE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAUL KAMPS | |
| STREET ADDRESS | 17047 NW 16TH STREET | |
| CITY-ST-ZIP | PEMBROKE PINES | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

PAUL KAMPS

CFD 4-30-01

305 827 3304

CR2E034 (10/00)