

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90080 027 ***550.00

DOCUMENT # F98000004471

1. Entity Name
RESWORLD, INC.

Principal Place of Business
100 NORTH BISCAYNE BLVD., SUITE 500
MIAMI FL 33132

Mailing Address
100 NORTH BISCAYNE BLVD., SUITE 500
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0847111

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$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	CPD	<input type="checkbox"/> Delete
NAME	FREYMUTH, PETER A	
STREET ADDRESS	100 NORTH BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBER, BRAD	
STREET ADDRESS	100 NORTH BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VENHAUS, BRUCE	
STREET ADDRESS	100 NORTH BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33132	
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		

TITLE	CDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREYMUTH, PETER A	
STREET ADDRESS	100 N. BISCAYNE BLVD., #500	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, BRAD	
STREET ADDRESS	100 N. BISCAYNE BLVD., #500	
CITY-ST-ZIP	MIAMI, FL. 33132	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. FREYMUTH 7/17/00 (38) 714-4700

Date

Daytime Phone #

CR2E034 (5/00)