FILED

May 01, 2001 8:00 am Secretary of State 05-01-2001 90129 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G01950

1. Entity Name

RICH	WOOL	WORL	KING	CORP.
HULL	TYOUL		MING	OUNE

Principal Place of Business	Mailin
% HOWARD RICH	% Hov
98 N.W. 29TH ST.	98 N.W
MIAMI FL 33127	Miami

g Address VARD RICH

. 29TH ST. FL 33127

								8181 HILLE 16181 Lills			ESI BIBIL HBBI
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS	SPACE			
City & State		City & State		4. F	El Number	59-109894	4		oplied For ot Applicable		
Zip		Country	Zip	Zip Coun		5. 0	Certificate of S	Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
RICH, HOWARD 98 N.W. 29TH ST. MIAMI FL 33127			Name ,								
			Street Address (P.O. Box Number is Not Acceptable)								
			City			a :		Zip Coc	e		
8. The above	named entity s	ubmits this statement fo	r the purpose of changing it	ts register	ed office or i	registered age	ent, or both, i	n the State of Flo	orida.		
SIGNATURE _											
	Signature, typed or j	printed name of registered agent	and title if applicable. (NC)TE. Reg-stere	d Agent signatur	e required when re	instating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2001 F Make Check Payable to			2001 Fee	will be \$55	50.00		on Campaign Fir Fund Contributio	_	\$5.0 Adde	00 May Be d to Fees	
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICH, HOW 16570 NE 2 N MIAMI BO	26TH AVE 3J	☐ Defete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	8						☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delcte							☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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 expowered.

SIGNATURE: _HOWARD RICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-573-9142

Daytime Prone #