

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90051 044 \*\*\*150.00

**DOCUMENT # H13929**

1. Entity Name

**WORLD FUEL SERVICES CORPORATION**

Principal Place of Business

700 SOUTH ROYAL POINCIANA BLVD.  
 STE. 800  
 MIAMI SPRINGS FL 33166

Mailing Address

700 SOUTH ROYAL POINCIANA BLVD.  
 STE. 800  
 MIAMI SPRINGS FL 33166-6668

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

**59-2459427**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>TVP</b> <b>ABAUZA, CARLOS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>700 S. ROYAL POINCIANA</b>	
CITY-ST-ZIP	<b>MIAMI SPRGS FL 33166</b>	
TITLE NAME	<b>S</b> <b>GARCIA, ILEANA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>700 S. ROYAL POINCIANA</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>CD</b> <b>WEISER, RALPH R.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>700 SOUTH ROYAL POINCIANA BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>PD</b> <b>BLAIR, JERROLD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>700 SOUTH ROYAL POINCIANA BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>VP</b> <b>TOCCI, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>700 SOUTH ROYAL POINCIANA BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VP</b> <b>Richard White</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>700 S. Royal Poinciana Blvd</b>	
CITY-ST-ZIP	<b>miami Springs fl 33166</b>	

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:

*Isabel Diaz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/99** **(305) 884-2001**  
 Date Daytime Phone #

*Richard White*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/99**  
 Date

CR2E034 (9/99)