

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90072 022 ***158.75

DOCUMENT # L47349

1. Entity Name

WORLD INVESTMENT NETWORK, INC.

Principal Place of Business

Mailing Address

% JOHN P. WALSH
 1208 U.S. HIGHWAY ONE
 NORTH PALM BEACH FL 33408-3540

% JOHN P. WALSH
 1208 U.S. HIGHWAY ONE
 NORTH PALM BEACH FL 33408-3540

2. Principal Place of Business

7121 FAIRWAY DRIVE

Suite, Apt. #, etc.

SUITE 202

City & State

PALM BEACH GARDENS, FL

Zip

33418-3764

Country

USA

3. Mailing Address

7121 FAIRWAY DRIVE

Suite, Apt. #, etc.

SUITE 202

City & State

PALM BEACH GARDENS, FL

Zip

33418-3764

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0206725**

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

WALSH, JOHN P.
1208 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408-0540

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, 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	DPS	<input type="checkbox"/> Delete
NAME	WALSH, JOHN P.	
STREET ADDRESS	1208 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	WALSH, DENIS	
STREET ADDRESS	1208 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTEIRO, MARIO JOHN	
STREET ADDRESS	1208 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7121 FAIRWAY DRIVE, STE 202	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7121 FAIRWAY DRIVE, STE 202	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7121 FAIRWAY DRIVE, STE 202	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
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

VICE PRESIDENT

Date

02-14-01 (561) 472-2000

Daytime Phone #

CR2E034 (10/00)