

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M03757

1. Entity Name

WORLD INVESTMENTS CORP.

Principal Place of Business

2479 N.W. 36 ST.
MIAMI FL 33142

Mailing Address

2479 N.W. 36 ST.
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GOMEZ, RODOVALDO
1260 STARLING AVE
MIAMI SPRINGS FL 33014

7. Name and Address of New Registered Agent

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

TITLE PD
NAME CARRASCO, RENE I
STREET ADDRESS 15040 S.W. 51ST ST
CITY-ST-ZIP MIRAMAR FL ☐ Delete

TITLE D
NAME CARRASCO, MARINA
STREET ADDRESS 1260 STARLING AVE.
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE VD
NAME GOMEZ, RODOVALDO
STREET ADDRESS 1260 STARLING AVE.
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE VD
NAME GOMEZ, YRMA
STREET ADDRESS 1260 STARLING AVE.
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 powers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90013 034 ***158.75

602617



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2504463

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (10/00)

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