

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 14, 2001 8:00 am
Secretary of State

02-27-2001 90317 044 ****70.00

DOCUMENT # N00000004843			
1. Entity Name WORLD TRADE CENTER SERVICES, INC.			
Principal Place of Business 5840 CORPORATE WAY SUITE 250 W. PALM BEACH FL 33407		Mailing Address 5840 CORPORATE WAY SUITE 250 W. PALM BEACH FL 33407	
2. Principal Place of Business 1555 Palm Beach Lakes Blvd Suite 1501 West Palm Beach, FL 33401		3. Mailing Address 1555 Palm Beach Lakes Blvd Suite 1501 West Palm Beach, FL 33401	
4. FEI Number 65-1032711		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZUCARO, ALFRED JR. 5840 CORPORATE WAY SUITE 250 W. PALM BEACH FL 33407		7. Name and Address of New Registered Agent Alfred Zucaro, Jr. 1555 Palm Beach Lakes Blvd, Suite 1501 West Palm Beach FL 33401	
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 <i>Alfred Zucaro, Jr.</i> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUCARO, ALFRED JR. 3215 EMBASSY DRIVE W. PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Kulok - D 116 Echo Dr. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILNER, KIP 1020 SHADY LAKES CIRCLE NORTH NORTH PALM BEACH FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, SUZANNE 2811 VILLAGE BLVD., #301 W. PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Alfred Zucaro, Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/14/01 Daytime Phone # 561-478-5353	



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)