

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001697

FILED
May 01, 2003
Secretary of State

Entity Name: ORGANIZATION CHILDREN OF THE WORLD, INC.

Current Principal Place of Business:

8883 FONTAINEBLEAU BLVD., #101
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

8883 FONTAINEBLEAU BLVD., #101
MIAMI, FL 33172

New Mailing Address:

FEI Number: 04-3621519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIRA, LIDA M
8883 FONTAINEBLEAU BLVD., #101
MIAMI, FL 33172

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIRA, LIDA M
Address: 8883 FONTAINEBLEAU BLVD., #101
City-St-Zip: MIAMI, FL 33172

Title: TD () Delete
Name: CARRUITERO, GRICELDA
Address: 9602 S.W. 138TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: DIAZ, LUIS
Address: 8250 S.W. 152 AVENUE, APT. #1
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: NAPOLES, IVAN
Address: 9965 S.W. 223 TERR.
City-St-Zip: MIAMI, FL 33190

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: LAMAZARES, AVELINO
Address: 5601 S.W. 69 AVE.
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIDA M. LIRA

PD

05/01/2003

Electronic Signature of Signing Officer or Director

Date