NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91903 025 ****61.25

DOCUMENT # N02000005358

1. Entity Name
WORLD FOUNDATION FOR SCIENCE FINANCE AND DEVELOPMENT, II

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2. Principal Place of Business	3. Mailing Address c/o ARTHUR GOODMAN
291 BAL BAY DR	291 BAL BAY DR
Suite, Apt. #, etc. 109	Suite, Apt. #, etc. 109
City & State BAL HARBOUR FL	City & State BAL HARBOUR FL
Zip 33154 Country USA	Zip 33154 Country USA

4. FEI Number 11 3668975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DONNA ADES

Street Address (P.O. Box Number is Not Acceptable)
C/O LAW OFFICE KEN LANGE
1125 N.E. 125TH STREET SUITE 301

City NORTH MIAMI FL Zip Code 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR
NAME	ARTHUR GOODMAN
STREET ADDRESS	291 BAL BAY DRIVE
CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	VICE PRESIDENT / DIRECTOR
NAME	DONALD R. COPPOCK
STREET ADDRESS	902 CAMILLA Rd
CITY-ST-ZIP	ONEONTA, ALABAMA 33121
TITLE	SECRETARY / DIRECTOR
NAME	DONNA ADES
STREET ADDRESS	1125 N.E. 125 STREET #301
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	TREASUER / DIRECTOR
NAME	IRENE IIEVANA
STREET ADDRESS	2600 NE. 125TH STREET #-3B
CITY-ST-ZIP	N. MIAMI FL 33181
TITLE	ASSISTANT TREASURER / DIRECTOR
NAME	ARTHUR GOODMAN
STREET ADDRESS	291 BAL BAY DR # 109
CITY-ST-ZIP	BAL HARBOUR FL
TITLE	ASISSTANT SECRETARY / DIRECTOR
NAME	DONALD R. COPPOCK
STREET ADDRESS	902 CAMILLA Rd
CITY-ST-ZIP	ONEONTA, ALABAMA 33121

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Goodman PRESIDENT / DIRECTOR 27 APR 03 305 861 8449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #