

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10567

1. Entity Name

WORLD HEALTH ASSOCIATION, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90090 038 ****70.00

Principal Place of Business

Mailing Address

2887 LAKE WORTH RD
LAKE WORTH FL 33461

P. O. BOX 7258
LAKE WORTH FL 33466-7258
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2558652

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

RODRIGUEZ, GLORIA
532 MUIRFIELD DRIVE
ATLANTIS FL 33462

Name

Street Address (P.O. Box Number is Not Acceptable)

1277 STALLION DRIVE

LOXAHATCHEE,

City

FL

Zip Code

33470

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
RAMOS, BENEDICT J
532 MUIRFIELD DRIVE
ATLANTIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1277 STALLION DRIVE
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
RODRIGUEZ, GLORIA
532 MUIRFIELD DRIVE
ATLANTIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1277 STALLION DRIVE
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AKYEAMPOG, KWABENA
532 MUIRFIELD DRIVE
ATLANTIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1277 STALLION DRIVE
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CIOFALO, FRANKLIN
532 MUIRFIELD DRIVE
ATLANTIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1277 STALLION DRIVE
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA RODRIGUEZ ST

Date

Daytime Phone #

01/15/02 (561) 434-1006

CR2E037 (9/01)