

2001 UNIFORM BUSINESS REPORT (UBR)

0066821

DOCUMENT # N96000000004

1. Entity Name

CENTRAL AND SOUTH AMERICAN WORLD SECTOR, INC

FILED

01 MAY -3 2001 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2240 WOOLBRIGHT ROAD
SUITE 413
BOYNTON BEACH FL 33426

Mailing Address
2240 WOOLBRIGHT ROAD
SUITE 413
BOYNTON BEACH FL 33426

2. Principal Place of Business
18842 Teller Ave

3. Mailing Address
18842 Teller Ave

Suite, Apt. #, etc.

City & State
Irvine, CA

City & State
Irvine, CA

Zip
92612

Country
USA

Zip
92612

Country
USA

4. FEI Number
65-0639976

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE ANDA, JAIME L PH.D.
2240 WOOLBRIGHT ROAD
SUITE 413
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name
William A. Boyles

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

Suite 1400

City
Orlando

FL

Zip Code
32801

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 5/2/01

Signature, typed or printed name of registered agent and title if applicable. (NOT: 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE ANDA, JAIME L PH.D. 2240 WOOLBRIGHT ROAD STE 413 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENENDEZ, MIRIAM E 2240 WOOLBRIGHT ROAD, STE 413 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, BARBARA 2240 WOOLBRIGHT ROAD STE 413 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROWE, WOODY 617 BRADLEY COURT, STE A KECHI KS 67067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18842 Teller Ave Irvine, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14750 NW 77th Ct., Ste 125 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18842 Teller Ave Irvine, CA 92604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS HASLER, JAMES A. 18842 TELLER AVENUE IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004194547--1 -05/10/01--01131--009 *****70.00 *****70.00 18

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: James A. Hasler 5/1/01 (949) 477-9380

CR2E037 (10/00)