

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003194

1. Entity Name

WORLD FAMILY AND CHILD AID ORGANIZATION, INC.

R

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90113 025 \*\*\*\*61.25

Principal Place of Business

18090 COLLINS AVENUE SUITE 527  
SUNNY ISLES FL 33160

Mailing Address

18090 COLLINS AVENUE SUITE 527  
SUNNY ISLES FL 33160-1917

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

65-0942009

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

KATSMAN, MARK ESQ  
2875 NE 191ST STREET PH 3A  
AVENTURA FL 33180

Name

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

City

FL

Zip Code

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

20.08.00

**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 PD ☐ Delete  
NAME MURNIEKS, DAINIS  
STREET ADDRESS 18090 COLLINS AVENUE SUITE 527  
CITY-ST-ZIP SUNNY ISLES FL 33160

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

TITLE VD ☐ Delete  
NAME NEYMETI, BOGDAN  
STREET ADDRESS 18090 COLLINS AVENUE SUITE 527  
CITY-ST-ZIP SUNNY ISLES FL 33160

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

TITLE STD ☐ Delete  
NAME WERGEMERE, YVONEE  
STREET ADDRESS 18090 COLLINS AVENUE SUITE 527  
CITY-ST-ZIP SUNNY ISLES FL 33160

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

TITLE D ☐ Delete  
NAME SEDYKH, ADRIAN  
STREET ADDRESS 18090 COLLINS AVENUE SUITE 527  
CITY-ST-ZIP SUNNY ISLES FL 33160

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

PRESIDENT (205) 8268723

Date

Daytime Phone #

CR2E037 (9/99)

DOC # N98000003194

A0674874 8/24/00

TO WHOM IT MAY CONCERN

I WANT TO APPOLOGIZE FOR THE LATE FILING  
THE APPLICATION WAS LOST IN THE MAIL & DELIVERED  
LATE. THIS IS THE 1<sup>ST</sup> APPLICATION I HAVE FILED AND  
WAS NOT AWARE OF THE CORPORATE CALENDAR.

SINCERLY YOURS

DANIS MURNIERS

