

2001
2000 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90199 034 ****61.25

0034760

DOCUMENT # N99000004244

1. Entity Name

WORLD WIDE REFUGEE & RELIEF SERVICES, INC.

Principal Place of Business

19711 N.W. 5TH AVENUE
MIAMI FL 33169

Mailing Address

19711 N.W. 5TH AVENUE
MIAMI FL 33169-3236

2. Principal Place of Business

19711 N.W. 5th Avenue

3. Mailing Address

19711 N.W. 5th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33169

Country

Dade

Zip

33169

Country

4. FEI Number

650938332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLAIGBE, OLA
18441 N.W. 2ND AVENUE
SUITE 220
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name **ZEREZGHI STEFANOS**

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

19711 N.W. 5th Avenue

City

MIAMI, FL

FL

Zip Code

33169

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

4-30-01

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 **PD** ☐ Delete
NAME **STEFANOS, ZEREZGHI**
STREET ADDRESS **19711 N.W. 5TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **VTD** ☐ Delete
NAME **KARAKAS, OMER**
STREET ADDRESS **8920 N.W. 8TH STREET**
CITY-ST-ZIP **MIAMI-FL 33172**

TITLE **SD** ☐ Delete
NAME **STEFANOS, KUFLU**
STREET ADDRESS **341 N.W. 206TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
NAME **GEBI, TAMUNA**
STREET ADDRESS **1105 N.W. 16TH AVE**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ Delete
NAME **RONKE, AGEKENI**
STREET ADDRESS **12905 S.W. 104TH STREET**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Vice President**

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

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

TITLE ☐ Change ☐ Addition
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

4-30-01 (305) 654-7262

Date

Daytime Phone #

CR2E037 (9/99)