

2001 UNIFORM BUSINESS REPORT (UBR)

0069118

DOCUMENT # P00000003309

1. Entity Name

WORLD INVESTMENT & REALTY CORP.

02
A50

FILED

01 OCT 16 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

Principal Place of Business

Mailing Address

3505 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3505 PONCE DE LEON BLVD
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

3361 S. Kirkman RD

P.O. 94152

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OKLAHOMA FL

MIAMI FL

Zip

Country

Zip

Country

32811

ORANGE

32794

ORANGE

4. FEI Number

05-0979434

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

GONZALEZ, RONALD E
3505 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Name
Forrest Symon
Street Address (P.O. Box Number is Not Acceptable)
328 MINORCA

City
Miami

FL

Zip Code
32134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GONZALEZ, RONALD E
3505 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004649533-16
-10/23/01--01024--019
1500.00 *750.00
Change Addition

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

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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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01 321-2874796
Date Daytime Phone #

CR2E034 (10/00)