

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90099 007 \*\*\*150.00

**DOCUMENT # P00000003665**

1. Entity Name

**WORLD GROUP NETWORK, INC.**

Principal Place of Business

Mailing Address

**3880 MAX PLACE, APT #103  
 BOYNTON BEACH FL 33436**

**3880 MAX PLACE, APT #103  
 BOYNTON BEACH FL 33436**

2. Principal Place of Business

3. Mailing Address

**3 Danby Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Boynton Beach FL**

4. FEI Number

**65-0984362**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33426**

**USA**

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

**DIMARIA, SHADRACH  
 3 DANBY PLACE  
 BOYNTON BEACH FL 33426**

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

**Shadrach DiMaria**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-01**

Date

**304-963-6845**

Daytime Phone #

CR2E034 (10/00)