FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90477 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005860

1. Entity Name
WORLD ONE COMMUNICATION, INC.

Principal Place of Business	Mailing Address
2754 W. OAKLAND PARK FT. LAUDERDALE FL 33311	2754 W. OAKLAND PARK FT. LAUDERDALE FL 33311

2. Principal Place of Business	3. Mailing Address
5460 N State RD 7	5460 N State RD 7
Suite, Apt. #, etc.: 122	Suite, Apt. #, etc.: 122
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33319 Country: Broward	Zip: 33319 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0978052 ☐ 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
PLASTICWALA, PERVEZ 2754 W. OAKLAND PARK FT. LAUDERDALE FL 33311	Name: PERVEZ Plasticwala Street Address (P.O. Box Number is Not Acceptable): 5460 N State RD 7 Suite 122 City: Fort Lauderdale FL Zip Code: 33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASTICWALA, PERVEZ 1516 N.E. 4TH AVENUE FT. LAUDERDALE FL 33304 ☐ 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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CR2E034 (10/02)

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 607, 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 REQUIRED 01-07-03 954-739-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #