

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90358 047 \*\*\*150.00

DOCUMENT # P00000031347

1. Entity Name

WORLD COMMUNICATION, INC.

Principal Place of Business

6050 SCOTCHWOOD GLENN #106  
ORLANDO FL 32809

Mailing Address

6050 SCOTCHWOOD GLENN #106  
ORLANDO FL 32809

816354



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6030 SCOTCHWOOD GLENN

3. Mailing Address

6030 SCOTCHWOOD GLENN

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3630238

Applied For

Not Applicable

Zip

32822

Country

USA

Zip

32822

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, ALBERTO

6050 SCOTCHWOOD GLENN #106  
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

SOTO, ALBERTO

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

6030 SCOTCHWOOD GLENN

104

City

ORLANDO,

FL

Zip Code

32822

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

*Alberto Soto*

ALBERTO SOTO

2/28/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SOTO, ALBERTO	
STREET ADDRESS	6050 SCOTCHWOOD GLENN #106	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6030 SCOTCHWOOD GLENN #104
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Alberto Soto*

Alberto Soto President 2/28/01 (407)823998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)