

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90092 008 \*\*\*150.00

DOCUMENT # P00000042341

1. Entity Name  
**World Link Group, Corp.**

Principal Place of Business Mailing Address  
**16900 N. Bay Road #617 16900 N. Bay Road #617**  
**Sunny Isles, FL 33160 Sunny Isles, FL 33160**

2. Principal Place of Business 3. Mailing Address  
**16900 N. Bay Rd, # 617**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State **Sunny Isles, Florida**  
 Zip **33160** Country **USA**

4. FEI Number **65-1008159** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**De Saenz Blanca**  
**2500 Hallandale Beach Blvd #707B**  
**Hallandale, FL 33009**

7. Name and Address of New Registered Agent  
 Name **De Saenz Blanca**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16900 N. Bay Rd, # 617**  
 City **Sunny Isles** FL Zip Code **33160**

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 **Blanca de Saenz**  
 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>De Saenz Blanca</b> <b>2500 Hallandale Beach Blvd #707B</b> <b>Hallandale, FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Saenz Ana M.</b> <b>2500 Hallandale Beach Blvd #707B</b> <b>Hallandale, FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Saenz Maria P.</b> <b>2500 Hallandale Beach Blvd #707B</b> <b>Hallandale, FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>De Saenz Blanca</b> <b>16900 N Bay Rd, # 617</b> <b>Sunny Isles, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Saenz Ana M.</b> <b>16900 N. Bay Rd, # 617</b> <b>Sunny Isles, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Saenz Maria P.</b> <b>16900 N. Bay Rd, # 617</b> <b>Sunny Isles, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Blanca de Saenz** **Blanca De Saenz** **4/23/02** **305-450 0431**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)