

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044502

1. Entity Name
GAME WORLD 2000, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90258 012 ***150.00

Principal Place of Business
1255 COLLINS AVENUE, APT. 908
MIAMI BEACH FL 33139

Mailing Address
1255 COLLINS AVENUE, APT. 908
MIAMI BEACH FL 33139

RU000010W



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3064 NW 72 AVE
Suite, Apt. #, etc.

3. Mailing Address
3064 NW 72 AVE
Suite, Apt. #, etc.

City & State
MIAMI FL 33122
Zip
33122
Country

City & State
MIAMI FL 33122
Zip
33122
Country

4. FEI Number
65-1005282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, FRANCISCO
1255 COLLINS AVENUE, APT. 908
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name BROCCOLO ANNA
Street Address (P.O. Box Number is Not Acceptable)
1255 COLLINS AVE # 908
City MIAMI BEACH FL Zip Code 33139

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 (NOTE: Registered Agent signature required when reinstating)

04/30/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, FRANCISCO	
STREET ADDRESS	1255 COLLINS AVENUE, APT. 908	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROCCOLO, ANA	
STREET ADDRESS	1255 COLLINS AVENUE, APT. 908	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATEO, JOSE	
STREET ADDRESS	1500 BY ROAD, APT. 429	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCCOLO ANNA T.	
STREET ADDRESS	1255 COLLINS AVE APT 908	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD Y SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATEO, JOSE	
STREET ADDRESS	1500 BY ROAD APT 429	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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 I am empowered.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

ANNA T BROCCOLO 04/30/01 305 477 2009

Date

Daytime Phone #

CR2E034 (10/00)