2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2002 8:00 am Secretary of State P00000046213 **DOCUMENT #** 1. Entity Name WORLD COMMERCE CORPORATION 01-28-2002 90011 045 ***150.00 Principal Place of Business Mailing Address 3501 W VINE ST 3501 W VINE ST SLITE 270 **SUITE 270** KISSIMMEE FL 34741 KISSIMMEE FL 34741 US 2. Principal Place of Business 3. Mailing Address 3034 MICHIGAN 3034 MIGHIGAN BUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3651895 Not Applicable 15514466 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSORIO, FERNANDO O Street Address (P.O. Box Number is Not Acceptable) 3501 W VINE ST STUITE 270 KISSIMMEE FL 34741 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS FERNANCO __ OSORIO CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE OSARIO, FERNANDO O NAME NAME 3034 MICHIGAN DUG 3501 W VINE ST SUITE 270 STREET ADDRESS STREET ADDRESS **KISSIMMEE FL 34741** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE CAROLINA OSORTO TOLEDO, CAROLINA O NAME NAME 3034 MICHIGAN BUE KISSIMMEE FL. 34744 3501 W VINE ST SUITE 270 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Dēletē MERCADO, GLADYS NAME 3034 MICHIGAN AVE FISSINGER F1. 34744 3501 W VINE ST SUITE 270 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR