FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03

FILED

03 MAR 20 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054873

1. Entity Name

UNLIMITED WORLD IMPORT & EXPORT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13229 SW 131 STREET	16275 SW 88 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. #337
City & State: MIAMI, FL	City & State: MIAMI
Zip: 33186 Country: USA	Zip: 33196 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0052292 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WELBY R. PENA ESPINOSA

Street Address (P.O. Box Number is Not Acceptable): 16275 SW 88 STREET # 337

City: MIAMI FL Zip Code: 33196

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 _____ WELBY R. PENA ESPINOSA 3-17-2003

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25.
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

TITLE: C M NAME: MAGALLYS G. ESPINOSA STREET ADDRESS: 13234 SW 142 TERRACE CITY-ST-ZIP: MIAMI, FL 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000014385550 03/20/03--01006--011 **150.00
TITLE: D T NAME: MODESTO H. ESPINOSA STREET ADDRESS: 13234 SW 142 TERRACE CITY-ST-ZIP: MIAMI, FL 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P NAME: WELBY R. PENA ESPINOSA STREET ADDRESS: 13234 SW 142 TERRACE CITY-ST-ZIP: MAIMI, FL 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
TITLE: V NAME: ANNA B. PENA ESPINOSA STREET ADDRESS: 510 N. 56 AVE CITY-ST-ZIP: HOLLYWOOD, FL 33021	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **IN THIS SPACE**
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MAGALLYS G. ESPINOSA 3-17-2003 786-573-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 3/21