

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90433 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000063294

1. Entity Name

WORLD BASICS TRADING & FINANCE, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19370 Collins Avenue

Suite, Apt., #, etc.
TOWER C #615

City & State
MIAMI BEACH FL

Zip
33160

Country

3. Mailing Address

Suite, Apt., #, etc.

City & State

Zip

Country

4. FEI Number
651020824

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent -
Name
ARGELIO TORRES

Street Address (P.O. Box Number is Not Acceptable)
801 W 49 St. Suite 205

City
HIALEAH

FL

Zip Code
33012

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent Signature required when reappointing)

4-30-2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$50.00
Amended UBR is \$61.25
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
PD
CARLOS VALLADARES
19370 Collins Avenue
Tower C. #615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miami Beach, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
JUDITH A. KISHAL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19370 Collins Avenue
Tower C. #615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miami Beach, FL 33160

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE *JUDITH A. KISHAL* VP/SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUNE 17/02 305 935-2874