FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063294

1. Entity Name
WORLD BASICS TRADING & FINANCE, CORP.

00100137

Principal Place of Business	Mailing Address
19370 COLLINS AVE TOWER C #615 MIAMI, FL 33160	9300 S. DADELAND BLVD. SUITE 406 MIAMI, FL 33156

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3530 Mystic Pointe Dr	801 W 49 St
Suite, Apt. #, etc. 915	Suite, Apt. #, etc. 205
City & State AVENTURA, FL	City & State Hialeah, Fl
Zip 33180 Country	Zip 33012 Country

4. FEI Number 65-1020824 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, ARGELIO
801 W 49 ST
SUITE 205
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLANO, JULIO 3530 MYSTIC POINT DR. #915 AVENTURA, FL 33180	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD KISHEL, JUDITH A 3530 MYSTIC POINT DR. #915 AVENTURA, FL 33180	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALLADARES, CARLOS 19971 Biscayne Blvd Sut 207 Miami, FL 33160	✓ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PLEASE SEE ATTACHMENT.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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