

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084803

1. Entity Name
WORLD MARKETING CONSULTANTS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90061 016 ***150.00

Principal Place of Business
825 BRICKELL BAY DRIVE SUITE 1750
MIAMI FL 33131

Mailing Address
825 BRICKELL BAY DRIVE SUITE 1750
MIAMI FL 33131

2. Principal Place of Business
19390 COLLINS AVE. SUITE 507A
Sunny Isles beach, FL 33160
Suite, Apt. #, etc.
507A

3. Mailing Address
19390 COLLINS AVE. SUITE 507A
Sunny Isles beach, FL 33160
Suite, Apt. #, etc.
507A



DO NOT WRITE IN THIS SPACE

City & State
Sunny Isles beach, FL
Zip
33160
Country
USA

City & State
Sunny Isles beach, FL
Zip
33160
Country
USA

4. FEI Number
65-1059262
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ-CHOMAT, JORGE
825 BRICKELL BAY DRIVE SUITE 1750
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
CLAUDIA PINZON
Street Address (P.O. Box Number is Not Acceptable)
19390 COLLINS AVE. SUITE 507A
City
Sunny Isles beach, FL
Zip Code
33160

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
April, 27/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS RODRIGUEZ-CHOMAT, JORGE 825 BRICKELL BAY DRIVE SUITE 1750 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ-CHOMAT, JORGE 825 BRICKELL BAY DRIVE SUITE 1750 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS CLAUDIA PATRICIA PINZON 19390 COLLINS AVE. SUITE 507A Sunny Isles beach, FL, 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDIA PATRICIA PINZON 19390 COLLINS AVE, SUITE 507A Sunny Isles beach, FL, 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
April 27 / 2001 (305) 692-9323
Daytime Phone #

CR2E034 (10/00)