

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91332 004 \*\*\*150.00

DOCUMENT # P00000091182

1. Entity Name

WSD INTERNATIONAL SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

668447

2. Principal Place of Business

801 BRICKELL BAY DR.

Suite, Apt. #, etc.

SUITE 768

City & State

MIAMI, FLORIDA

Zip

33131

Country

3. Mailing Address

801 BRICKELL BAY DR.

Suite, Apt. #, etc.

SUITE 768

City & State

MIAMI, FL

Zip

33131

Country

4. FEI Number

65-1044081

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

ELIAS TSALIKIS

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

801 BRICKELL BAY DRIVE

# 768

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

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]*

ELIAS TSALIKIS

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

(NOTE: Registered Agent signature required when reinstating)

04/29/02

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 \$550.00

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  
DIP  
ELIAS TSALIKIS  
801 BRICKELL BAY DR, SUITE 768  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*[Signature]*

ELIAS TSALIKIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02

Date

305 458 7388

Daytime Phone #

CR2E034B (12/01)