

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095923

1. Entity Name

WORLD TRADE & CONSULTING CORP.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90199 036 ***150.00

Principal Place of Business

6355 N.W. 36TH ST #402
MIAMI FL 33166

Mailing Address

6355 N.W. 36TH ST #402
MIAMI FL 33166

2. Principal Place of Business

6355 N.W. 36th St.

Suite, Apt. #, etc.

Suite 403

City & State

Miami, Florida

Zip
33166

Country

USA

3. Mailing Address

6355 N.W. 36th St.

Suite, Apt. #, etc.

Suite 403

City & State

Miami, Florida

Zip
33166

Country

USA

763715



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, JUAN C
6355 N.W. 36TH ST #402
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: Juan C. Carrillo
Street Address (P.O. Box Number is Not Acceptable): 6355 N.W. 36th St Suite 403
City: Miami FL Zip Code: 33166

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

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	PD	<input type="checkbox"/> Delete
NAME	CARRILLO, JUAN C	
STREET ADDRESS	6355 N.W. 36TH ST #402	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARRILLO, JOSE L	
STREET ADDRESS	6355 N.W. 36TH ST #402	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRILLO, JOSE A	
STREET ADDRESS	6355 N.W. 36TH ST #402	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NOVOA, EDGAR A	
STREET ADDRESS	6355 N.W. 36TH ST #402	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRILLO, VICTOR A VOCAL	
STREET ADDRESS	2874 NW 79TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Daytime Phone #

CR2E034 (10/00)