## 2002 Uniform Business Report (UBR)

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SIGNATURE:

## Apr 08, 2002 8:00 am Secretary of State P00000098954 DOCUMENT # 1. Entity Name THE WORLD DELI PAN CORP. 04-08-2002 90072 040 \*\*\*158.75 Principal Place of Business Mailing Address 12758 SW 88 STREET 16602 SW 96 TERR MIAMI FL 33186 MIAMI FL 33196 3. Mailing Address 12758 SW 88 STREET 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1048817 1 i AM I Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, CARMELO Street Address (P.O. Box Number is Not Acceptable) 16602 SW 96 TERR **MIAMI FL 33196** 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on buck) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALVAREZ, CARMELO 16602 SW 96 TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition altavilla, mauricio NAME 16602 SW 96 TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition GREIGER. ZORAIDA NAME NAME 16602 SW 96 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIE CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 enhancement of executed in section of the corporation or an extrapret with a deducation with a little state.