

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102498

1. Entity Name

WORLD CLASS EVENTS CORPORATION

Principal Place of Business

C/O MICHAEL ORTIZ
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

Mailing Address

C/O MICHAEL ORTIZ
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

2. Principal Place of Business

401 MIRACLE MILE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 204

City & State

CORAL GABLES, FL

City & State

Zip
33134

Country
USA

Zip

Country

4. FEI Number

65-1052391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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.

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 ☐ Delete

NAME PD
STREET ADDRESS Capriles Axel
CITY-ST-ZIP 452 Hampton Lane
Key Biscayne FL 33139

TITLE ☐ Delete

NAME VP D
STREET ADDRESS Guerrero, Shirley
CITY-ST-ZIP c/o Minorca Avenue
Coral Gables, FL 33134

TITLE ☐ Delete

NAME VP D
STREET ADDRESS Topel Capriles Leon
CITY-ST-ZIP c/o 328 Minorca Avenue
Coral Gables, FL 33134

TITLE ☐ Delete

NAME ST and D
STREET ADDRESS Gomez, Maria Auxiliadora
CITY-ST-ZIP c/o 328 Minorca Avenue
Coral Gables, FL 33134

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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: Jose Capriles, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/01

Date

(305) 441-0234

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-16-2001 90014 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)