

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90001 006 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108266
 1. Entity Name
WORLD CARGO CENTER CORP.

Principal Place of Business Mailing Address
7500 NW 25 STREET STE 108 **7500 NW 25 STREET STE 108**
MIAMI FL 33122 **MIAMI FL 33122**

2. Principal Place of Business 3. Mailing Address
7500 NW 25TH STREET Sulte. Apt. #, etc.
 Sulte. Apt. #, etc. **108**

City & State City & State
MIAMI, FL 33122 **MIAMI, FL 33122**

6. Name and Address of Current Registered Agent
KANG, JOEY
7500 NW 25 STREET STE 108
MIAMI FL 33122

4. FEI Number Applied For
58-2588138 Not Applicable

7. Name and Address of New Registered Agent
 Name: **ANDREW FOO**
 Street Address (P.O. Box Number is Not Acceptable)
7500 NW 25TH STREET, SUITE 108
 City **MIAMI** **FL** Zip Code **33122**

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]* DATE: **4/19/01**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	ANDREW FOO
CITY-ST-ZIP	7500 NW 25TH STREET, SUITE 108
CITY-ST-ZIP	MIAMI, FL 33122
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	
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	

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 employees.
 SIGNATURE: *[Signature]* DATE: **4/19/01**



DO NOT WRITE IN THIS SPACE

CR2E004 (10/00)