

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91478 009 ***150.00

DOCUMENT # P00000111235

1. Entity Name
WORLD ENTERTAINMENT POST, INC.



Principal Place of Business
2800 BISCAYNE BLVD
SUITE 310
MIAMI FL 33134

Mailing Address
2800 BISCAYNE BLVD
SUITE 310
MIAMI FL 33134

2. Principal Place of Business

3841 NE 2 AVE

3. Mailing Address

3841 NE 2 AVE

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

U.S.A.

Zip

33137

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1080961**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, J. EVERETT

2151 LE JEUNE ROAD, MEZZANINE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JULIANA AYO

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

3841 NE 2 AVE #302

City

MIAMI

FL

Zip Code

33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PUYO, IVAN	
STREET ADDRESS	2800 BISCAYNE BLVD. SUITE 310	
CITY-ST-ZIP	MIAMI FL 33131	
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		

11. 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 checked="" type="checkbox"/> Addition
NAME	P	
STREET ADDRESS	PUYO, JULIANA	
CITY-ST-ZIP	3841 NE 2 AVE #302	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S	
STREET ADDRESS	ESCOBAR, JAIER	
CITY-ST-ZIP	3841 NE 2 AVE #302	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JULIANA AYO, PRESIDENT

4/23/03

305-576-9711

CR2E034 (10/02)