

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 047 ***550.00

DOCUMENT # **P00000115536**

1. Entity Name

MID WORLD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12505 SW 53rd Ct.

Suite, Apt. #, etc.

3. Mailing Address

12505 SW 53rd Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

05-1063559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip **33027-5471**

Country **USA**

Zip **33027-5471**

Country **USA**

7. Name and Address of Current Registered Agent

Name

MARCO DIAZ

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

12505 SW 53rd Ct.

City

MIAMI

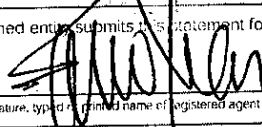
FL

Zip Code

33027-5471

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IN THIS SPACE**

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 

MARCO DIAZ

May 2, 2002

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 **PSTD**
NAME **ERAZO, EDUARDO**
STREET ADDRESS **12505 SW 53rd Ct.**
CITY-ST-ZIP **MIAMI, FL. 33027-5471**

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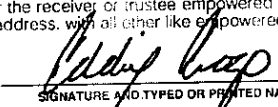
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered:

SIGNATURE: 

EDUARDO ERAZO

May 2, 2002 (305) 450-0476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)