

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90167 017 ***150.00

DOCUMENT # P01000054494

1. Entity Name

WORLD DATA PRODUCTIONS USA, INC.

Principal Place of Business

**2121 PONCE DE LEON BLVD STE 430
 CORAL GABLES FL 33134**

Mailing Address

**2121 PONCE DE LEON BLVD STE 430
 CORAL GABLES FL 33134**

2. Principal Place of Business

8372 NW 68 ST

3. Mailing Address

8372 NW 68 ST

Suite, Apt. #, etc.

8372

Suite, Apt. #, etc.

8372

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

United States

Zip

33166

Country

EE.UU

4. FEI Number

65711101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEFABIO, GEORGE J ESQ

**2121 PONCE DE LEON BLVD STE 430
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **RICARDO WAGNER ANECO**

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

8372 NW 68th St.

City

MIAMI

FL

Zip Code

33166

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] **RICARDO WAGNER ANECO**

04/26/02

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	WAGNER, RICARDO J	2121 PONCE DE LEON BLVD STE 430	CORAL GABLES FL 33134	
		8372 NW 68 ST		
	D			
	WAGNER, Jorge	8372 NW 68 ST.	MIAMI - FLORIDA - 33166	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

[Signature] **RICARDO WAGNER ANECO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02
 Date

786 2102470
 Daytime Phone #

CR2E034 (9/01)