

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90016 019 ***150.00

MANEAT
 AV

DOCUMENT # P01000077577

1. Entity Name
WORLD TRADE COUNCIL, INC.

Principal Place of Business
**616 BOCA MARINA CT.
 BOCA RATON FL 33487**

Mailing Address
**616 BOCA MARINA CT.
 BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2385 EXECUTIVE CENTER DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State
Boca Raton, FLORIDA

City & State

4. FEI Number
65-1130210

Applied For
 Not Applicable

Zip
33431

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SISSON, LARRY
 218 SOUTHERN COUNTRY LN.
 QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name
JACQUELINE WIESENFELD

Street Address (P.O. Box Number is Not Acceptable)
616 BOCA MARINA CT

City
BOCA RATON FL Zip Code
33487

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, 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
**DP
 WIESENFELD, JACQUELINE A
 616 BOCA MARINA CT.
 BOCA RATON FL 33487** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVT
 HAROUNOFF, DAVINA
 616 BOCA MARINA CT.
 BOCA RATON FL 33487** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DS
 HAROUNOFF, ALAIN
 2001 NW 15TH AVE.
 GAINESVILLE FL 32605** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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: **JACQUELINE WIESENFELD** 3/11/02 President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)