

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90057 012 \*\*\*150.00

**DOCUMENT # P01000112209**

1. Entity Name

**WORLD HYDROGEN, INC.**

Principal Place of Business

**5300 FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131-2339**

Mailing Address

**5300 FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131-2339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FLETCHER, JOHN S  
 5300 FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131-2339**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **D** ☒ Delete  
 NAME **BARBIR, FRANO**  
 STREET ADDRESS **300 COLD SPRING ROAD #201**  
 CITY-ST-ZIP **ROCKY HILL CT 06067**

TITLE **D** ☐ Delete  
 NAME **KLEIN, MORRIS B**  
 STREET ADDRESS **2810 NORTH 46TH AVENUE, APT. F-560**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete  
 NAME **VEZIROGLU, T. NEJAT**  
 STREET ADDRESS **4910 BILTMORE DRIVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete  
 NAME **ROSENFELD, ARNOLD**  
 STREET ADDRESS **100 S. BERKLEY SQUARE, 19M**  
 CITY-ST-ZIP **ATLANTIC CITY NJ 08401**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
 NAME **VAN VORST, WILLIAM D**  
 STREET ADDRESS **751 ENCHANTED WAY**  
 CITY-ST-ZIP **PACIFIC PALMS SPRINGS, CA 90272**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SHEFFIELD, JOHN W**  
 STREET ADDRESS **1870 MINGR CIRCLE**  
 CITY-ST-ZIP **ROLLA, MISSOURI 65409**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BOCKRIS, JOHN O'M**  
 STREET ADDRESS **4973 AFTON OAKS DRIVE**  
 CITY-ST-ZIP **COLLEGE STATION, TX 77845**

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

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

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

*Thomas B. Klein, Sec. Treas.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 28, 2002*  
 Date

*954-987-4811*  
 Daytime Phone #

CR2E034 (9/01)