

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25343

1. Entity Name

WORLD TRAVELLERS CLUB OF AMERICA CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90135 025 ****61.25

Principal Place of Business

Mailing Address

%CURTIS. MALLET-PREVOST

520 BRICKELL KEY DR. STE 206

MIAMI FL 33131

US

%CURTIS. MALLET-PREVOST

520 BRICKELL KEY DR. STE 206

MIAMI FL 33131-2607

US

2. Principal Place of Business

8725 NW 18th Terr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.
301

City & State

MIAMI, FL.

Zip

33132

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET

SUITE 105

TALLAHASSEE FL 32301

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME CORZO, MIRIAM

STREET ADDRESS 520 BRICKELL KEY DRIVE., STE 206

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete

NAME RODRIGUEZ, JOSE

STREET ADDRESS 520 BRICKELL KEY DRIVE., STE 206

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete

NAME LEON, MARIA D

STREET ADDRESS 520 BRICKELL KEY DRIVE., STE 206

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)