## 2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this repo changed, or on an att

SIGNATURE:

n address, with all other

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## r 1LED May 23, 2002 8:00 am Secretary of State 05-23-2002 00094 010 P93000003205 DOCUMENT # 1. Entity Name WORLD EMBLEM INTERNATIONAL, INC. Principal Place of Business Mailing Address 1500 NE 131ST STREET 1500 NE 131ST STREET NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0381446 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7:\_Name and Address of New Registered Agent MARBIN, ESQ, EVAN R Street Address (P.O. Box Number is Not Acceptable) **48 EAST FLAGLER STREET** PH-104 1500 NE 131 MIAM! FL 33131 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 DVP TITLE Delete TITLE Change CARR, JEROLD NAME NAME 1500 NE 131ST STREET STREET ADDRESS STREET ADDRESS **NORTH MIAMI FL 33161** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARR, RANDY NAME NAME 1500 NE 131ST STREET STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP ST----TITLE - Change Addition TITLE ☐ Delete CARR, JAMIE NAME NAME **1500 NE 131ST STREET** STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 e receiver on 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 13. I hereby certify that the