

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000012586**

1. Entity Name

WORLD PROPERTY MANAGEMENT, INC.

Principal Place of Business

**100 SE 2ND STREET
STE 2350
MIAMI FL 33131**

Mailing Address

**100 SE 2ND STREET
STE 2350
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0409270**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAIAC, MANUEL
100 S.E. 2ND STREET
SUITE 2350
MIAMI FL 33131**

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, YVONNE	
STREET ADDRESS	9621 SW 65 ST	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARDEN, LIF	
STREET ADDRESS	SANTO DOMINGO	
CITY-ST-ZIP	REP DOMINICANA	

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAIAC, MANUEL	
STREET ADDRESS	100 S.E. 2ND STREET, STE. 2350	
CITY-ST-ZIP	MIAMI FL 33131	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ORLANDO CASARIEGO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 S.E. 2ND ST (2350) President	
STREET ADDRESS	MIAMI FL 33131	
CITY-ST-ZIP		

TITLE	ILIANA CASARIEGO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 S.E. 2ND ST (2350) Secretary	
STREET ADDRESS	MIAMI FL 33131	
CITY-ST-ZIP		

TITLE	V.P. - MANUEL ZAIAC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 S.E. 2ND ST (2350)	
STREET ADDRESS	MIAMI FL 33131	
CITY-ST-ZIP		

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2001 305 358-4550
Date Daytime Phone #**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90016 047 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)