

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028281

1. Entity Name

WORLD UTILITIES, INC.

Principal Place of Business

7668 MIRAMAR PARKWAY  
MIRAMAR FL 33023-5957  
US

Mailing Address

7668 MIRAMAR PARKWAY  
MIRAMAR FL 33064-6027  
US

2. Principal Place of Business

1500 N E 42<sup>nd</sup> ST

Suite, Apt. #, etc.

3. Mailing Address

1500 N E 42<sup>nd</sup> ST

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

4. FEI Number

65-0567590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKE, NANCY  
7668 MIRAMAR PKWY  
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

PARKE, NANCY J.

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

1500 N E 42<sup>nd</sup> ST.

City

POMPANO BEACH

FL

Zip Code

33064

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

*Nancy J. Parke*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/2000

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, 2000 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          | PSTD              | <input type="checkbox"/> Delete |
| NAME           | PARKE, NANCY      |                                 |
| STREET ADDRESS | 7668 MIRAMAR PKWY |                                 |
| CITY-ST-ZIP    | MIRAMAR FL 33023  |                                 |
| 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    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | PSTD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PARKE, NANCY J.               |  |
| STREET ADDRESS | 1500 N E 42 <sup>nd</sup> ST. |  |
| CITY-ST-ZIP    | POMPANO BEACH, FL 33064       |  |
| 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    |                               |  |
| 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:

*Nancy J. Parke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 (954) 942-3017

Date

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90044 004 \*\*\*150.00

16034047



DO NOT WRITE IN THIS SPACE