

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90118 012 ***150.00

0518779

DOCUMENT # P94000011523

1. Entity Name
WORLD CLASS, INC.

Principal Place of Business
7298 WEST DR
#409
NORTH BAY VILLAGE FL 33141

Mailing Address
7298 WEST DR
#409
NORTH BAY VILLAGE FL 33141

739889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7928 West Drive #
Suite, Apt. #, etc. 810

3. Mailing Address
7928 West Drive
Suite, Apt. #, etc. # 810

City & State
N. Bay Village, FL
 Zip
33141
 Country
USA

City & State
N. Bay Village, FL
 Zip
33141
 Country
USA

4. FEI Number **65-0463505**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARDAS, LUIS
7928 W DR #409
SUITE 408
N BAY VILLAGE FL 33141

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VS
MANDIC, SUSANA
7928 W DRIVE #409
N. BAY VILLAGE FL 33141 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
BARDAS, LUIS
7928 WEST DR #409
N BAYVILLAGE FL 33141 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 addendum with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.6.01 305-7540726

CR2E034 (10/00)