

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90397 001 ***361.25

DOCUMENT # P94000030215

1. Entity Name

WORLD FEDERATION PUBLISHERS, INC.

Principal Place of Business

**1202 PARRILLA DE AVILA
TAMPA FL 33613
US**

Mailing Address

**1202 PARRILLA DE AVILA
TAMPA FL 33613
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **58-2229927**

Applied For

Not Applicable

5. 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

**TSOKOS, CHRIS P
1202 PARRILLA DE AVILA
TAMPA FL 33613**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DCEO**
STREET ADDRESS **LAKSHMIKANTHAN, V. DR.**
CITY-ST-ZIP **102 ORMOND AVE.
INDIATLANTIC FL 32903** ☐ Delete

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

TITLE
NAME **PD**
STREET ADDRESS **TSOKOS, CHRIS P DR.**
CITY-ST-ZIP **1202 PARRILLA DE AVILA
TAMPA FL** ☐ Delete

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

TITLE
NAME **VD**
STREET ADDRESS **LARNIOTIS, DEMITRI DR.**
CITY-ST-ZIP **3207 HWY. A1A
MELBOURNE BEACH FL 32951** ☐ Delete

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

TITLE
NAME **STD**
STREET ADDRESS **SAMBANDHAM, M. DR.**
CITY-ST-ZIP **4421 KINGSFIELD CT.
DUNWOODY GA 30338** ☐ Delete

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

TITLE
NAME **D**
STREET ADDRESS **MATROSOV, V. DR.**
CITY-ST-ZIP **102 ORMOND AVE.
INDIATLANTIC FL 32903** ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

PD

4-15-02 (813) 961-1992

CR2E034 (9/01)