2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # **P9500000369**9 05-15-2001 90110 005 ***158.75 WORLD CAPITAL ADVISORS CORPORATION Principal Place of Business Mailing Address 15310 AMBERLY DRIVE 19046 BRUCE B DOWNS BLVD SUITE 250 #155 TAMPA FL 33647 TAMPA FL 33647 00052046 2. Principal Place of Business 3. Mailing Address 19046 Bruce B. Downs Blud 19046 Bruce B Downs Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sulte suite 140 City & State City & State 4. FEI Number Applied For 59-3289669 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent dim C CHANG, JIM C. Street Address (P.O. Box Number is Not Acceptable) -15310-AMBRELY DR. SUITE 250 ---TAMPA-FL-33647--- City tauma 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete NAME CHANG, JIM C NAME Chang, Jim C 19046 Bruce B. Downs Blvd. Ste. 140 STREET ADDRESS STREET ADDRESS 15310 AMBERLY SR. STE 250 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Taups, FL 33647 TITLE BM Delete TITLE ☐ Change ☐ Addition NAME SOBOTA, J G NAME STREET ADDRESS STREET ADDRESS 2400 WINDING CREEK BLVD BLDG 20A-208 CITY-ST-ZIE CITY-ST-ZIP CLEARWATER FL 33761 TITLE -Delete TITLE ☐.Change. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-28-01 (813) 967-

☐ Change

☐ Addition