## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P95000017888** ROUND THE WORLD OF MIAMI, INC. 03-15-2000 90049 004 \*\*\*150.00 Mailing Address Principal Place of Business 333-B HARRISON ST 333-B HARRISON ST HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-1721 2. Principal Place of Business 3. Mailing Address 4923 MCKINLEY 4923 MCKINLEY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0562008 **PULLY WOOD** Not Applicable HOLLYWOOD Country U.S. A. Country \$8.75 Additional 33071 5. Certificate of Status Desired U.S. A. Fee Required -6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name **BLANCO, LUZ** Street Address (P.O. Box Number is Not Acceptable) 4923 MCKINLEY STREET HOLLYWOOD FL 33021 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSD** ■ Addition TITLE ☐ Delete TITLE BLANCO, LUZ NAME STREET ADDRESS STREET ADDRESS **4923 MCKINLEY STREET** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS 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.

BLANCO