

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031544

1. Entity Name

PIXIE WORLD WIDE DEVELOPMENTS CORP.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90094 017 ***150.00

Principal Place of Business

Mailing Address

1200 N FEDERAL HWY
200
BOCA RATON FL 33432
US

21218-10 ST ANDREWS BLVD
507
BOCA RATON FL 33433
US

2. Principal Place of Business

5310 NW 33RD AVE

3. Mailing Address

Suite, Apt. #, etc.

201

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0573092

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

LA ROCCA, ROBERTO
1200 N FEDERAL HWY 200
SUITE 309
BOCA RATON FL 33432

Name

ROBERTO LA ROCCA

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

21218-10 ST. ANDREWS BLVD. #507

City

BOCA RATON

FL

Zip Code

33433

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LA ROCCA, MATTEO % 2499 GLADES RD. SUITE 309 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LA ROCCA, ROBERTO % 2499 GLADES RD. SUITE 309 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRERO, ANAMARIA % 2499 GLADES RD. SUITE 309 BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NELSON MUNDOY 5310 NW 33RD AVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2000 (954) 777-5070

Date

Daytime Phone #

CR2E034 (9/99)