

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90068 037 \*\*\*150.00

**DOCUMENT # P95000031544**

1. Entity Name

**PIXIE WORLD WIDE DEVELOPMENTS CORP.**

Principal Place of Business

**5310 NW 33RD AVE  
#201  
FORT LAUDERDALE FL 33309  
US**

Mailing Address

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

2. Principal Place of Business

**21218-10 ST Andrews Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 507****City & State  
Boca Raton FL 33433**

City &amp; State

**Zip  
33433**

Country

Zip

Country

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  
21218 10 ST ANDREWS BLVD  
STE 507  
BOCA RATON FL 33433**

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LA ROCCA, MATTEO	
STREET ADDRESS	% 2499 GLADES RD. SUITE 309	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	LA ROCCA, ROBERTO	
STREET ADDRESS	% 2499 GLADES RD. SUITE 309	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MORRERO, ANAMARIA	
STREET ADDRESS	% 2499 GLADES RD. SUITE 309	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONNOY, NELSON	
STREET ADDRESS	5310 NW 33RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE M. COSTOYA	
STREET ADDRESS	654 Heritage Drive	
CITY-ST-ZIP	Weston FL 33326	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

04-25-2001

Date

954-6778132

Daytime Phone #

CR2E034 (10/00)