

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 90018 032 ***150.00

DOCUMENT # P95000036971

1. Entity Name
WORLD TELNET, INC.

Principal Place of Business
**10011 PINES BLVD.
 SUITE 101
 FT. LAUDERDALE FL 33024**

Mailing Address
**P.O. BOX 350453
 FT. LAUDERDALE FL 33335**

2. Principal Place of Business

3. Mailing Address

3305 Corporate Ave
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. Lauderdale

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0584399**

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

**TETRO, DON
 10011 PINES BLVD.
 SUITE 101
 FT. LAUDERDALE FL 33024**

Name

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

**3305 Corporate Ave
 FT Lauderdale**

City

33331

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 **D Tetro**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/01

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	P	<input type="checkbox"/> Delete
NAME	TETRO, DON	
STREET ADDRESS	10011 PINES BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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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: **D Tetro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

954-453-4000

Daytime Phone #

CR2E034 (10/00)