

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 13, 2000 8:00 am**
Secretary of State

05-13-2000 90027 024 ***150.00

C0089606

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000011496**1. Entity Name**
World Legacy, Inc. ✓**Principal Place of Business****Mailing Address***12307 S.W. 106 Terr.
Miami, FL 33186**12307 S.W. 106 Terr.
Miami, FL 33186***2. Principal Place of Business****3. Mailing Address***12307 S.W. 106 Terr.
Suite, Apt. #, etc.**12307 S.W. 106 Terr.
Suite, Apt. #, etc.***City & State****City & State***Miami, FL 33186**Miami, FL 33186***Zip****Country****Zip****Country***33186 Miami-Dade**33186 Miami-Dade***4. FEI Number****Applied For***65-0646771***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***Francisco J. Arboli***Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code***12307 S.W. 106 Terr.
Miami, FL 33186***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

Francisco J. Arboli, Pres.

(NOTE: Registered Agent signature required when reinstating)

*4-27-00***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	<input type="checkbox"/> Delete
	<i>D/VP/S/T</i>			
	<i>Francisco J. Arboli</i>			
	<i>12307 S.W. 106 Terr.</i>			
	<i>Miami, FL 33186</i>			

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

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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 an other like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Francisco J. Arboli***Date****Daytime Phone #***4-27-00*

CR2E034 (9/99)