

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027928

1. Entity Name

WORLD-NET RECOVERY SYSTEMS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90080 021 ***150.00

Principal Place of Business

241 189TH TERR.
GOLDEN SHORES FL 33160

Mailing Address

241 189TH TERR.
GOLDEN SHORES FL 33160

2. Principal Place of Business

WNETS 241-189th TERR

3. Mailing Address

241 189th TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GOLDEN SHORES FLA

City & State

GOLDEN SHORES FLA

Zip

33160

Country

USA

Zip

33160

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0662180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RECALDE, HERNAN
19370 COLLINS AVE., #716 C
N. MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name: HERNAN RECALDE

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

TITLE: P
NAME: RECALDE, HERNAN
STREET ADDRESS: 241 189TH TERR.
CITY-ST-ZIP: GOLDEN SHORES FL 33160 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)

4-30-01 305 9375719