

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-25-2003 90207 001 ***150.00

DOCUMENT # P96000027928

1. Entity Name
WORLD-NET RECOVERY SYSTEMS, INC.



Principal Place of Business
**241 189TH TERR
GOLDEN SHORES FL 33160
US**

Mailing Address
**241 189TH TERR
GOLDEN SHORES FL 33160
US**

55039584



2. Principal Place of Business
19495 BISCAYNE BLVD.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

708

☐ CHECK HERE IF MAKING CHANGES

City & State
AVENTURA, FLA.

City & State

4. FEI Number
65-0662180

Applied For
☐ Not Applicable

Zip
33180

Country
U.S.

Zip

Country

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

**RECALDE, HERNAIS
19370 COLLINS AVE., #718 C
N. MIAMI BEACH FL 33180**

**NEW ADDRESS:
UNRS
ONE TURNBERRY PLACE
19495 BISCAYNE BLVD.
SUITE 708
AVENTURA, FL 33180**

Name
HERNAN RECALDE
Street Address (P.O. Box Number is Not Acceptable)
19495 BISCAYNE BLVD. SUITE 708

City
AVENTURA **FL** Zip Code
33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
P.
NAME
HERNAN RECAIDE
STREET ADDRESS
19495 BISCAYNE BLVD. # 708
CITY-ST-ZIP
AVENTURA FL 33180

TITLE
VP
NAME
RECAIDE, RAFAEL
STREET ADDRESS
241 189TH TERR
CITY-ST-ZIP
GOLDEN SHORES FL 33160

TITLE
V.P.
NAME
RAFAEL RECAIDE
STREET ADDRESS
19495 BISCAYNE BLVD. # 708
CITY-ST-ZIP
AVENTURA FL 33180

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)