FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90104400

DOCUMENT # P96000032721

1. Entity Name
WORLD 2000 SERVICES, INC.

Principal Place of Business	Mailing Address
6107 N.W.72ND AVENUE MIAMI, FL 33166 US	1538 S.W. 11TH STREET MIAMI, FL 33135

2. Principal Place of Business	3. Mailing Address
8233 NW 66 Street	513 NE 38 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33166	City & State: Miami, FL 33137
Zip / Country	Zip / Country

XX CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0664487 — ☐ 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
TRASOBARES, ALEJANDRO C 1538 S.W. 11TH STREET MIAMI, FL 33135	Name: Trasobares,Alejandro C Street Address (P.O. Box Number is Not Acceptable): 513 NE 38 Street City: Miami FL Zip Code: 33137

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] 4/22/03
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: D NAME: TRASOBARES, ALEJANDRO C STREET ADDRESS: 1538 S.W. 11TH STREET CITY-ST-ZIP: MIAMI, FL 33135	☐ Delete	TITLE: D NAME: Trasobares,Alejandro C. STREET ADDRESS: 513 NE 38 Street CITY-ST-ZIP: Miami, FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4/22/03 305-593-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ALEJANDRO C. TRASOBARES