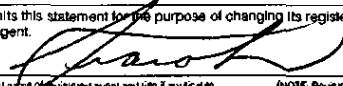
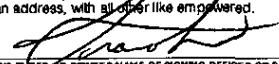


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P96000032721			
1. Entity Name WORLD 2000 SERVICES, INC.			
Principal Place of Business 6107 N.W. 72ND AVENUE MIAMI, FL 33166 US		Mailing Address 1538 S.W. 11TH STREET MIAMI, FL 33135	
2. Principal Place of Business 8233 NW 66 Street Suite, Apt. #, etc.		3. Mailing Address 513 NE 38 Street Suite, Apt. #, etc.	
City & State Miami, FL 33166		City & State Miami, FL 33137	
Zip	Country	Zip	Country
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 TRASOBARES/ALEJANDRO C 1538 S.W. 11TH STREET MIAMI, FL 33136		7. Name and Address of New Registered Agent 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  DATE 4/22/03 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agents signature required when initiating)			
FILE IN COMPLIANCE WITH FEE IS \$150.00 ARPA 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 NAME STREET ADDRESS CITY-ST-ZIP	D TRASOBARES, ALEJANDRO C 1538 S.W. 11TH STREET MIAMI, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trasobares, Alejandro C. 513 NE 38 Street Miami, FL 33137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  DATE 4/22/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		305-593-1332 Daytime Phone #	

ALEJANDRO C. TRASOBARES

90104400



XXCHECK HERE IF MAKING CHANGES

CR2E034 (10/02)