

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043149

1. Entity Name

EWORLD 2000, INC

FILED

02 JAN -3 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1730 NE 9 AVE

Suite, Apt. #, etc.

3. Mailing Address
1730 NE 9 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE FL

City & State
FT. LAUDERDALE FL

4. FEI Number
65-0752864

Applied For
Not Applicable

Zip 33305 Country USA

Zip 33305 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent - NEW

Name
GIULIA RAPONE

Street Address (P.O. Box Number is Not Acceptable)
1730 NE 9 AVE

City FT. LAUDERDALE FL Zip Code 33305

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 GIULIA RAPONE

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

(NOTE: Registered Agent signature required when reinstating)

1/2/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME GIULIA RAPONE
STREET ADDRESS 1730 NE 9 AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE VICE PRESIDENT
NAME VICKIE CHURCHMAN
STREET ADDRESS 1730 NE 9 AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE SECRETARY
NAME VICKIE CHURCHMAN
STREET ADDRESS 1730 NE 9 AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33305

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/2002 858-715-9112

Daytime Phone #

954-763-9820