

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90944 025 \*\*\*150.00

DOCUMENT # P96000043149

1. Entity Name  
EWORLD 2000, INC.



Principal Place of Business  
1730 NE 9 AVENUE  
FORT LAUDERDALE FL 33305

Mailing Address  
1730 NE 9 AVENUE  
FORT LAUDERDALE FL 33305

CHANGE -

CHANGE -

2. Principal Place of Business  
3105 BAYVIEW DRIVE

3. Mailing Address  
3105 BAYVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FT LAUDERDALE, FL

City & State  
FT LAUDERDALE, FL

Zip  
33306

Country  
BR

Zip  
33306

Country  
BR

4. FEI Number 65-0752864

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

RAPONE, GIVLIA  
1730 N.E. 9TH AVENUE  
FT. LAUDERDALE FL 33305

Name  
GIULIA RAPONE

Street Address (P.O. Box Number is Not Acceptable)

3105 BAYVIEW DRIVE

City FT LAUDERDALE

FL

Zip Code 33306

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 GIULIA RAPONE

*Giulia Rapone*

2/14/03

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 NAME STREET ADDRESS CITY-ST-ZIP	P RAPONE, GIVLIA 1730 NE 9 AVENUE FT. LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHURCHMAN, VICKIE 1730 NE 9 AVENUE FT. LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIULIA RAPONE 3105 BAYVIEW DRIVE FT LAUDERDALE FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHURCHMAN VICKIE 3105 BAYVIEW DRIVE FT LAUDERDALE FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Giulia Rapone* 2/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #