

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086730

1. Entity Name

WORLD TRADE SERVICE ENTERPRISES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90299 046 \*\*\*163.75

Principal Place of Business

Mailing Address

777 BRICKELL AVE  
STE 1110  
MIAMI FL 33131  
US

15970 WEST S.R. 84  
SUITE 239  
WESTON FL 33326  
US

2. Principal Place of Business

777 BRICKELL Avenue

3. Mailing Address

1112 Weston Road # 122

Suite, Apt. #, etc.

1110

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Weston, FL

Zip

33131

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0717022

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

KUBLER, RAYMOND H  
301 RACQUET CLUB ROAD #304  
FT LAUDERDALE FL 33326

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **T MARTE, PEDRO**  
STREET ADDRESS **2233 NOVA VILLAGE DR**  
CITY-ST-ZIP **DAVIE FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*Pedro Marte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO MARTE, TREASURER April 24, 2000

Date

305/373-2262

CR2E034 (9/99)