

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094563

1. Entity Name  
**WORCO/ INC.**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90533 022 \*\*\*150.00

Principal Place of Business

**1550 MADRUGA AVENUE  
SUITE 406  
CORAL GABLES FL 33146**

Mailing Address

**1550 MADRUGA AVENUE  
SUITE 406  
CORAL GABLES FL 33146**

**00024043**

2. Principal Place of Business

**8430 SW 170 TER**

Suite, Apt. #, etc.

3. Mailing Address

**8430 SW 170 TER**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL**

Zip

**33157**

Country

City & State

**MIAMI FL**

Zip

**33157**

Country

4. FEI Number **65-0709144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

**VICENS, ROLANDO  
1550 MADRUGA AVENUE  
SUITE 406  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **SILVERMAN, SAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**8430 SW 170 TER**  
City **MIAMI** FL Zip Code **33157**

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VICENS, ROLANDO 1550 MADRUGA AVENUE, SUITE 406 CORAL GABLES FL 33146</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SILVERMAN, SAUL 1550 MADRUGA AVENUE, SUITE 406 CORAL GABLES FL 33146</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS D SILVERMAN, SAUL 8430 SW 170 TER MIAMI FL 33157</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SAUL H. SILVERMAN** **SAUL H SILVERMAN** **2/19/01** **305 442 2200**

CR2E034 (10/00)