## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P97000017749** 1. Entity Name WORLD TRADE & PERFORMANCE CORPORATION 03-15-2000 90122 016 \*\*\*150.00 Mailing Address Principal Place of Business 13615 SOUTH DIXIE HIGHWAY 13615 S DIXIE HWY SUITE 114-545 SUITE 114-545 8 40 10 MIAMI FL 33176-7254 MIAMI FL 33176-7254 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City!& State Applied For 4. FEI Number City & State 65-0832052 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAAKI, FOUAD Street Address (P.O. Box Number is Not Acceptable) 8446 SW 138 TERRACE **MIAMI FL 33158** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change Addition KARKAR, MOHAMMAD M NAME NAME STREET ADDRESS 13615 S DIXIE HWY SUITE #114-545 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Addition TITI F [] Change ☐ Delete TITLE KAAKI, FOUAD A NAME NAME STREET ADDRESS STREET ADDRESS 13615 S DIXIE HWY SUITE #114-545 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** [] Change ☐ Addition ☐ Delete TITLE KAAKI, ABULMOUTI A NAME NAMÉ 13615 S DIXIE HWY SUITE #114-545 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition De ete TITLE TITLE NAME STREET ADDRESS 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. KAAKI 3/13/00 (305)255 6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER