

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049224

1. Entity Name

WORLD BUSINESS SOLUTIONS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90288 022 ***150.00

Principal Place of Business

10230 SW 30 CT
DAVIE FL 33026
US

Mailing Address

13230 SW 30 CT
DAVIE FL 33330-4609
US

2. Principal Place of Business

11931 NW 22 ST

Suite, Apt. #, etc.

Pembroke Pines

City & State

FL

Zip

33024

Country

USA

3. Mailing Address

11931 NW 22 ST

Suite, Apt. #, etc.

Pembroke Pines

City & State

FL

Zip

33026

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756178

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

GRIMSLAND, DEBORA
10631 NW 22 STREET
PEMBROKE LAKES FL 33026

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	D	<input type="checkbox"/> Delete
NAME	GRIMSLAND, DEBORA	
STREET ADDRESS	10631 NW 22 STREET	
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRIMSLAND, ROY	
STREET ADDRESS	13230 SW 3RD CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 452-4440