

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90087 046 ***150.00

DOCUMENT # P97000059000

1. Entity Name

WORLD INTERNATIONAL SERVICE CORP.

Principal Place of Business

**964 EAST 25TH STREET
HIALEAH FL 33013**

Mailing Address

**964 EAST 25TH STREET
HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0766438**

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

**MEJIA, EDWIN A.
5940 NW 191ST TERRACE
MIAMI FL 33015**

Name
CAMINERO SOLANGEL

Street Address (P.O. Box Number is Not Acceptable)
8219 N.W. 201 ST.

MIAMI, FL. 33015

City

MIAMI

FL

Zip Code

33015

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CAMINERO, JUANA**
STREET ADDRESS **8219 NW 201ST STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

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

TITLE **V** ☐ Delete
NAME **MEJIA, EDWIN A.**
STREET ADDRESS **5940 NW 191ST TERRACE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **CAMINERO SOLANGEL** ☒ Change ☐ Addition
NAME
STREET ADDRESS **8219 N.W. 201 ST.**
CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **D** ☐ Delete
NAME **CAMINERO, SOLANGEL**
STREET ADDRESS **8219 NW 201ST STREET**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **S** ☐ Delete
NAME **MEJIA, MATILDE**
STREET ADDRESS **5940 NW 191ST TERRACE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **JUANA CAMINERO** ☐ Change ☒ Addition
NAME
STREET ADDRESS **8219 N.W. 201 ST.**
CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

D.R.

1/18/01 305 693-6331

Date

Daytime Phone #

CR2E034 (10/00)