

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90010 006 \*\*\*150.00

**DOCUMENT # P97000067304**

1. Entity Name

**WORLD-WIDE CONCESSIONS, INC.**

Principal Place of Business

**4649 PONCE DE LEON**  
~~404~~ **300**  
**CORAL GABLES FL 33146**

Mailing Address

**4649 PONCE DE LEON**  
~~404~~ **300**  
**CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

**300**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0771973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**POWELL, NORMAN C**  
**9822 NE 2ND AVE**  
**SUITE #2**  
**MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

Name **ALBERNI, JOSE G.**  
 Street Address (P.O. Box Number is Not Acceptable) **4649 PONCE DE LEON #300**  
 City **MIAMI** FL Zip Code **33146**

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	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, III D</b>	
STREET ADDRESS	<b>9822 NE 2ND AVE #2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>PERRY, WILLIAM R.</b>	
STREET ADDRESS	<b>9822 NE 2ND AVE #2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>ALBERNI, ILEANA</b>	
STREET ADDRESS	<b>801 HARBOR DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33149</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>ALBERNI, JOSE</b>	
STREET ADDRESS	<b>801 HARBOR DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33149</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>AMARO, PEDRO JR</b>	
STREET ADDRESS	<b>14240 SW 38 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>THEOSEVIS, DIMOS</b>	
STREET ADDRESS	<b>16020 SW 105 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERNI, ILEANA</b>	
STREET ADDRESS	<b>4649 PONCE DE LEON #300</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEOSEVIS, DIMOS</b>	
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)