

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91340 002 ***150.00

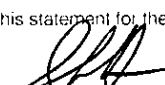
00054249

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000075459	
1. Entity Name WORLD ASSIST CORP.	
Principal Place of Business 1650 SAND LAKE ROAD SUITE 205 ORLANDO, FL 32809	Mailing Address 501 BRICKELL KEY DRIVE SUITE 400 MIAMI, FL 33131
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami, Florida Zip 33131 Country USA
4. FEI Number 59-3469310	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, ROBERT CPA 740 FLORIDA CENTRAL PKWY STE 1008 LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name STEPHEN A. FREEMAN Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive Suite 0-305 City Miami, Florida FL Zip Code 33131
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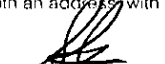
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when reappointing) 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GELECIHMAN, SHEILA 3832 HUNTERS ISLE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREEMAN, Stephen A. 520 Brickell Key Drive, Suite 0-305 Miami, Florida 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:  **STEPHEN A. FREEMAN** **APRIL 26, 2001** **305-374-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime or Evening #

CR2E034 (1/1/00)