2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P97000075459

1. Entity Name

WORLD ASSIST CORP.



Principal Place of Business 1650 SAND LAKE ROAD SUITE 205

Principal Place of Busines

ORLANDO FL 32809

Mailing Address 520 BRICKELL KEY DRIVE

SUITE 0-305

MIAMI FL 33131

3. Mailing Address

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FILED

04-23-2003 90184 020 ***150.00

Suite, Apt. #, etc. HECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3469310 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREEMAN, STEPHEN A. Street Address (P.O. Box Number is Not Acceptable) **520 BEICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPST** TITLE ☐ Delete TITI F ☐ Addition GCIECIHMAN SHEILS NAME GELECIHMAN, SHEILA NAME STREET ADDRESS 3832 HUNTERS ISLE STREET ADDRESS 1581 Brickell Ave # 1706 CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP 41Ami, FL. 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME FREEMAN, STEPHEN A STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR., STE 0-305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address.