

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90910 001 ***476.25

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000099432

1. Entity Name **WORLD SNEAKERS, INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1802 N UNIVERSITY DR

Suite, Apt. #, etc.

128

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

Same

4. FEI Number

65-0796773

Applied For

Not Applicable

Zip

33322

Country

BROWARD

Zip

Same

Country

Same

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MAHBOUB BENCHIMOL

Street Address (P.O. Box Number is Not Acceptable)

1802 N. UNIVERSITY DRIVE

City

PLANTATION

FL

Zip Code

33322

DO NOT WRITE
IN THIS SPACE

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.

MAHBOUB BENCHIMOL

(NOTE: Registered Agent signature required when necessary)

04/29/03

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back)☐10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT/DIRECTOR**
 NAME **MAHBOUB BENCHIMOL**
 STREET ADDRESS **1802 N. UNIVERSITY DRIVE**
 CITY-ST-ZIP **PLANTATION, FLA. 33322**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other the employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHBOUB BENCHIMOL
AS PRESIDENT OF UNIFORM

Date

Typed Name

TOTAL P.02

CR2ED34B (12/01)