

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P970001029H~~
 1. Entity Name: P9700010053LO
Florida World Business, Inc

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90049 049 ***150.00

Principal Place of Business Mailing Address
7476 N.W 8TH ST. 7476 N.W 8TH ST.
MIAMI, FL. 33126 MIAMI, FL. 33126

00049702

2. Principal Place of Business 3. Mailing Address
7476 N.W 8TH ST 7476 N.W 8TH ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0812783 ☒ Applied For
MIAMI FL MIAMI FL ☐ Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33126 0606 33126 0606 Fee Required

6. Name and Address of Current Registered Agent

RUBEN D. MORRELL
14742 S.W 58TH ST
MIAMI, FL. 33193

7. Name and Address of New Registered Agent

Name RUBEN D. MORRELL
 Street Address (P.O. Box Number is Not Acceptable)
14742 S.W 58TH ST
 City MIAMI FL Zip Code 33193

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 RUBEN D. MORRELL 3/15/00
 Signature, typed or printed name of registrant 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, 2000 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

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>DOUGLAS V. TAMPA</u>	
STREET ADDRESS	<u>14742 S.W 58TH ST</u>	
CITY-ST-ZIP	<u>MIAMI FL 33193</u>	
TITLE	<u>Vice-President</u>	<input type="checkbox"/> Delete
NAME	<u>RUBEN D. MORRELL</u>	
STREET ADDRESS	<u>14742 S.W 58TH ST</u>	
CITY-ST-ZIP	<u>MIAMI FL 33193</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RUBEN D. MORRELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/00 305
 369-7767
 Date Daytime Phone #