

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000577

1. Entity Name

WORLD CAFE INTERNATIONAL, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90044 011 \*\*\*150.00

Principal Place of Business 6582 INTERNATIONAL DR ORLANDO FL 32819	Mailing Address 9501 NORCHESTER AVENUE TAMPA FL 33647
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5401 Central Ave. Suite, Apt. #, etc.
City & State	City & State St. Petersburg, FL
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3487479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCATEE, CAROL 5156 CENTRAL AVENUE ST. PETERSBURG FL 33707
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5401 Central Ave City St Petersburg FL Zip Code 33710
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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 Carol McAtee, CPA Signature, typed or printed name of registered agent and title if applicable.	<i>Carol McAtee</i> (NOTE: Registered Agent signature required when reinstating)	DATE 4/23/01
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P NANDU, ARVIND 7124 CANTRELL COURT ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MEMANT - PATEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/23/01	Daytime Phone # (407-370-2288)
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CR2E034 (10/00)