

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014518

1. Entity Name

MUTUAL WORLD CORP.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90144 033 \*\*\*150.00

Principal Place of Business

782 CORAL WAY  
SUITE 800  
MIAMI FL 33126

Mailing Address

1100 S.W. 74 CT  
MIAMI FL 33144-4538

2. Principal Place of Business

1690 NW 19 Terrace

3. Mailing Address

782 NW LeJune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33125

Country

U.S.

Zip

33126

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0814586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, RAY  
3191 CORAL WAY  
SUITE 800  
MIAMI FL 33126

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent 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 \$100.00**

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | PSD             | <input type="checkbox"/> Delete |
| NAME           | VELEZ, JESUS    |                                 |
| STREET ADDRESS | 1100 S.W. 74 CT |                                 |
| CITY-ST-ZIP    | MIAMI FL 33144  |                                 |
| TITLE          | VSD             | <input type="checkbox"/> Delete |
| NAME           | VELEZ, MAYRA    |                                 |
| STREET ADDRESS | 1100 S.W. 74 CT |                                 |
| CITY-ST-ZIP    | MIAMI FL 33144  |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
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| TITLE          |                 | <input type="checkbox"/> Delete |
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| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP    |   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O.E.O

3/14/00 (305) 491 3922

Date

Daytime Phone #

CR2E034 (9/99)