

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000014518**

1. Entity Name

**MUTUAL WORLD CORP.****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90062 036 \*\*\*150.00

0617553

Principal Place of Business

1690 NW 19 TERR  
MIAMI FL 33125  
US

Mailing Address

782 NW LEJEUNE RD  
STE 341  
MIAMI FL 33126  
US

2. Principal Place of Business

1120 SW 74 CT

3. Mailing Address

1120 SW 74 CT

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City &amp; State

MIAMI FL

City &amp; State

MIAMI FL

Zip

33144

Country

USA

Zip

33144

Country

USA

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

RODRIGUEZ, RAY  
3191 CORAL WAY  
SUITE 800  
MIAMI FL 33126

7. Name and Address of New Registered Agent

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 \$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. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD  
NAME VELEZ, JESUS  
STREET ADDRESS 1100 S.W. 74 CT  
CITY-ST-ZIP MIAMI FL 33144 ☐ DeleteTITLE VSD  
NAME VELEZ, MAYRA  
STREET ADDRESS 1100 S.W. 74 CT  
CITY-ST-ZIP MIAMI FL 33144 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01 (305) 491 3922

CR2E034 (10/00)