

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033276

1. Entity Name

ABC WORLD WIDE REALTY, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90202 049 ***150.00

Principal Place of Business

Mailing Address

200 HYPOLEXO ROAD
SUITE 204
HYPOLEXO FL 33462
US

200 HYPOLEXO ROAD
SUITE 204
HYPOLEXO FL 33462-4505
US

645035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

514 SE 20th Cr.
Suite, Apt. #, etc.

514 SE 20th Cr.
Suite, Apt. #, etc.

City & State

City & State

Baynton Beach FL
Zip 33435 Country Palm Beach

Baynton Beach, FL
Zip 33435 Country Palm Beach

4. FEI Number

65-0834387

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

AUTEN, STAN
200 HYPOLEXO ROAD
SUITE 204
HYPOLEXO FL 33462

Name

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

514 SE 20th Cr.

City

Baynton Beach

FL

Zip Code 33435

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, 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 D ☐ Delete
NAME AUTEN, STAN
STREET ADDRESS 200 HYPOLEXO ROAD
CITY-ST-ZIP HYPOLEXO FL 33462

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 514 SE 20th Cr.
CITY-ST-ZIP Baynton Beach, FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Stan Auten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00