

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035723

1. Entity Name

WORLD WITHOUT CANCER, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90021 003 ***150.00

Principal Place of Business

9140 W. BAY HARBOR DRIVE
UNIT 3
BAY HARBOR ISLANDS FL 33154

Mailing Address

9140 W. BAY HARBOR DRIVE
UNIT 3
BAY HARBOR ISLANDS FL 33154-2749

2. Principal Place of Business

1111 Kane Concourse
Suite, Apt. #, etc.

3. Mailing Address

1111 Kane Concourse
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BAY HARBOR

City & State
BAY HARBOR

4. FEI Number 65-0830006

Applied For
Not Applicable

Zip 33154 Country MIAMI DADE

Zip 33154 Country MIAMI DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name DAVID ARJONA
Street Address (P.O. Box Number is Not Acceptable)
1111 Kane Concourse
City BAY HARBOR FL Zip Code 33154

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/00

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 D
NAME ARJONA, UIVAN
STREET ADDRESS 9140 W. BAY HARBOR DRIVE UNIT 3
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☒ Delete

TITLE D
NAME ARJONA, DAVID E
STREET ADDRESS 9140 W. BAY HARBOR DRIVE UNIT 3
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 1111 Kane Concourse
CITY-ST-ZIP BAY HARBOR, FL ☒ Change ☐ Addition

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

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

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

TITLE
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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 305-861-0685

CR2E034 (9/99)