

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90019 022 ***150.00

DOCUMENT # P98000048228

1. Entity Name
WORLD TRUST MORTGAGE, CORP.

Principal Place of Business

**4615 NW 72ND AVENUE
 SUITE 113
 MIAMI FL 33166**

Mailing Address

**4615 NW 72ND AVENUE
 SUITE 113
 MIAMI FL 33166**

2. Principal Place of Business

**4615 NW 72ND AVE
 Suite, Apt. #, etc.
 #116**

3. Mailing Address

**4615 NW 72ND AVE
 Suite, Apt. #, etc.
 #116**

City & State
Miami

City & State
Miami

Zip
7L

Country
33166

Zip
7L

Country
33166



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1294147**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEU, CARL
 4615 NW 72ND AVENUE
 STE 116
 MIAMI FL 33166**

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 **Casper** **05-30-02**
 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, 2002 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	<input type="checkbox"/> Delete
NAME	LEU, CARL	
STREET ADDRESS	4615 NW 72ND AVENUE STE 113	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTEMATHI, JOAQUIN	
STREET ADDRESS	4615 NW 72ND AVENUE STE 113	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILIAN, ANIBAL	
STREET ADDRESS	4615 NW 72 AVE STE 113	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEU CARL	
STREET ADDRESS	4615 NW 72 AVE #116	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILIAN, ANIBAL	
STREET ADDRESS	4615 NW 72 AVE #116	
CITY-ST-ZIP	MIAMI, FL 33166	
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		
STREET ADDRESS		
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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305-5493776
 Date Daytime Phone #

CR2E034 (9/01)