

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000054641**1. Entity Name
FALCON WORLDWIDE CORP.

Principal Place of Business 3812 N 29 AVE HOLLYWOOD FL 33020 US	Mailing Address 3812 N 29 AVE HOLLYWOOD FL 33020 US
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2. Principal Place of Business 2800 SW 4TH AVENUE	3. Mailing Address 2800 SW 4TH AVENUE
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Suite, Apt. #, etc. BAY 20	Suite, Apt. #, etc. BAY 20
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City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
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Zip 33315	Country US	Zip 33315	Country US
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4. FEI Number
65-0563510
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MION ROBERT**
3812 N 29TH AVE

HOLLYWOOD FL 33020 US**7. Name and Address of New Registered Agent**Name
MION ROBERT
Street Address (P.O. Box Number is Not Acceptable)
2800 SW 4TH AVENUE
BAY 20
City
FORT LAUDERDALE FL Zip Code
33315

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 _____ **03/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MION ROBERT 5357 NW 58 TERRACE CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAOLI THOMAS 54 LAWRENCE RD. RANDOLPH NJ 07869 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MION ROBERT 2800 SW 4TH AVENUE FORT LAUDERDALE FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MAOLI THOMAS 85 ROXCITHUS ROAD. FARHILLS NJ 07931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Mion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 03/29/2001

Date

Daytime Phone #

CR2E034 (11/00)