

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000058314

1. Entity Name

TECKCOM WORLD CORP.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90148 020 ***150.00

00054860

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5641 Orange Dr.
Ft. Lauderdale
FL 33314

same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0846563

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

Zeretzke, Alfred
5641 Orange Dr.

Ft. Lauderdale, FL 33314

Name

Charles Scorpio

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

5641 Orange Dr.

City

Ft. Lauderdale

FL

Zip Code
33314

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)

4.28.00

DATE

FILE NOW:

5831483125

\$150.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME Scorpio, Charles
STREET ADDRESS 5641 Orange Dr.
CITY-ST-ZIP Ft. Lauderdale, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.00

954.792.2222

Date

Daytime Phone #

CR2E037 (9/99)