

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065222

1. Entity Name

WORLD ENTERTAINMENT AGENCY, INC.

Principal Place of Business

5963 BISCAYNE BLVD  
MIAMI FL 33137

Mailing Address

5963 BISCAYNE BLVD  
MIAMI FL 33137-2222

2. Principal Place of Business

2800 Biscayne Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33137

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOVEA ACCOUNTING & FINANCIAL SERVICE,  
13118 NW 7TH ST  
MIAMI FL 33182

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BALUGUEE, LUIS  
10375 NW 46 TER  
MIAMI FL 33178

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

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

(305) 757-9771

Date

Daytime Phone #

CR2E034 (9/99)