2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P98000075385 1. Entity Name WORLD TECH ENTERPRISES, INC. 03-26-2001 90031 025 ***150.00 Mailing Address Principal Place of Business 2370 N.W. 100TH AVENUE 2370 N.W. 100TH AVENUE **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 65-0860110 **W** Applied For City & State ---FEI Number City & State Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CIANCIOSO, RONALD Street Address (P.O. Box Number is Not Acceptable) 2370 N.W. 100TH AVENUE CORAL SPRINGS FL 33065 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back)-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME CIANCIASO, RONALD NAME STREET ADDRESS STREET ADDRESS 2370 N.W. 100TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change Addition □ Delete TITLE TITLE NAME NAME IANDIASO, CAROLE G STREET ADORESS STREET ADDRESS 2370 N.W. 100TH AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pame appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone (