

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087120

1. Entity Name  
WORLD PRODUCTS AND GIFT COMPANYPrincipal Place of Business  
6500 SW 39 ST.  
MIAMI FL 33155Mailing Address  
6500 SW 39 ST.  
MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number 65-0870671

Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

VASQUEZ, JORGE E  
6500 SW 39 ST.  
MIAMI FL 33155

## 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

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 State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

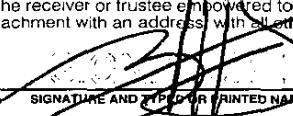
## 11. OFFICERS AND DIRECTORS

TITLE DPST  
NAME VASQUEZ, JORGE E  
STREET ADDRESS 6500 SW 39 ST.  
CITY-ST-ZIP MIAMI FL 33155 Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  Change  Addition  
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CITY-ST-ZIP DeleteTITLE  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge E. Vasquez

3/28/02

305-669-0991

Date

Daytime Phone #

024866 AV

FILED  
Apr 07, 2002 8:00 am  
Secretary of State

04-07-2002 90074 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)