

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092265

1. Entity Name

WORLD MAIL, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90092 006 ***150.00

Principal Place of Business

Mailing Address

414 GIRALDA AVENUE
CORAL GABLES FL 33134

414 GIRALDA AVENUE
CORAL GABLES FL 33114-4006

2. Principal Place of Business

3. Mailing Address

5509 SW 63rd Avenue

P.O. Box 144006

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FL 8

City & State
Coral Gables, FL

4. FEI Number

65-0870235

Applied For

Not Applicable

Zip 33155

Country USA

Zip 33114-4006

Country USA

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

HASSLER, THOMAS J
414 GIRALDA AVENUE
CORAL GABLES FL 33134

Name

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

5509 SW 63rd Avenue

City

Coral Gables

FL

Zip Code

33155

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSLER, THOMAS J	NAME	
STREET ADDRESS	414 GIRALDA AVENUE	STREET ADDRESS	5509 SW 63rd Avenue
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	miami, FL 33155
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSLER, CHRISTINE A	NAME	
STREET ADDRESS	414 GIRALDA AVENUE	STREET ADDRESS	5509 SW 63rd Avenue
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	miami, FL 33155
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Hassler Christine Hassler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

305-669-5380

Daytime Phone #

CR2E014 (1/9/97)