

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90243 028 \*\*\*150.00

**DOCUMENT # P98000099035**



1. Entity Name  
**WORLD IMPORT/EXPORT, INC.**

Principal Place of Business  
**1310 NE 1 AVE  
MIAMI FL 33132**

Mailing Address  
**1310 NE 1 AVE  
MIAMI FL 33132**



2. Principal Place of Business  
**16145 NW 52 AVE**

3. Mailing Address  
**16145 NW 52 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0876976**

Applied For  
 Not Applicable

Zip  
**33014**

Country  
**USA**

Zip  
**33014**

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

**SILKA, RICHARD  
1310 NE 1 AVE  
MIAMI FL 33132**

Name  
**ZILKA, RICHARD**

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

**16145 NW 52 AVE**

City  
**MIAMI**

FL

Zip Code  
**33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**

NAME  
**ZILKA, RICHARD**

STREET ADDRESS  
**1310 NE 1 AVE**

CITY-ST-ZIP  
**MIAMI FL 33132**

Delete

TITLE  
**PRESIDENT**

NAME  
**ZILKA RICHARD**

STREET ADDRESS  
**16145 NW 52 AVE**

CITY-ST-ZIP  
**MIAMI FL 33014**

Change  Addition

TITLE  
**VPD**

NAME  
**SHAKIE-PANAH, JACOB**

STREET ADDRESS  
**4275 MERIDIAN AVE**

CITY-ST-ZIP  
**MB FL 33140**

Delete

TITLE  
**VPD**

NAME  
**SHAKIE-PANAH, JACOB**

STREET ADDRESS  
**16145 NW 52 AVE**

CITY-ST-ZIP  
**MIAMI FL 33014**

Change  Addition

TITLE  
**D**

NAME  
**SHAKIB, JOSEF**

STREET ADDRESS  
**3700 CHASE AVE**

CITY-ST-ZIP  
**MB FL 33140**

Delete

TITLE  
**D**

NAME  
**SHAKIB, JOSEF**

STREET ADDRESS  
**16145 NW 52 AVE**

CITY-ST-ZIP  
**MIAMI FL 33014**

Change  Addition

TITLE  
 Delete

TITLE  
 Change  Addition

TITLE  
 Delete

TITLE  
 Change  Addition

TITLE  
 Delete

TITLE  
 Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD ZILKA 2-15-03 305-622-4149**

Date

Daytime Phone #

CR2E034 (10/02)