

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90050 021 \*\*\*158.75

DOCUMENT # **9900027459**  
 1. Entity Name  
**WORLD LINK TRANSPORTATION, INC**

Principal Place of Business

Mailing Address

**00060909**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7109 ROTHCHILD CT</b>		3. Mailing Address <b>4630 S. KIRKMAN RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 406</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32835</b>	Country <b>USA</b>	Zip <b>32811</b>	Country <b>USA</b> <del>ORANGE</del>

4. FEI Number <b>59-3495231</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
<b>FL</b>		<b>FL</b>	
Zip Code		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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Dak - n - e** Date: **5/23/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)