2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000032422 WORLD REALTY NET, INC. 05-10-2001 90146 024 ***150.00 Principal Place of Business Mailing Address 2117 HOLLYWOOD BLVD 2117 HOLLYWOOD BLVD UUU40/// HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2117 HOLLYWOOD BLUD 2117 How wood Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State HOLLY WOOD Applied For 4. FEI Number 65-0909182 HOLLYWOOD Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33020 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEAUCHAMP, YVES Street Address (P.O. Box Number is Not Acceptable) **1838 SHERNAN STREET** N 16 CT HOLLYWOOD FL 33020 Zip Code 33020 OLLYWOOD 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Addition BEAUCHAMP, YVES NAME NAME N 16 CT STREET ADDRESS STREET ADDRESS 1838 SHERNAN STREET CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ... Delete ☐ Addition NAME NAME STREET ADDRESS 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