

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035127

1. Entity Name

DAIRY WILLGO WORLD INC.

Principal Place of Business

302 SW 140 PL

MIAMI FL 33175

Mailing Address

3. Mailing Address

7235 CORAL WAY

Suite, Apt. #, etc.

STE. 204

Principal Place of Business

Suite, Apt. #, etc.

City & State

City & State

MIAMI

FL

Zip

Country

Zip

33155

Country

USA

4. FEI Number

65-0913096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOSE WILLIAM GOMEZ

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

5302 SW 140 PL

City

MIAMI

FL

Zip Code

33175

JOSE WILLIAM GOMEZ

5302 SW 140 PL

MIAMI FL 33175

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)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PS
JOSE WILLIAM GOMEZ
5302 SW 140 PL
MIAMI FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PS.

☒ Change

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☐ Change

☐ Addition

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:

Jose William Gomez

Date

Daytime Phone