2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041318 1. Entity Name

SIGNATURE:

WORLD CAPITAL.COM, INC.

Principal Place of Business Mailing Address				
1299 EAST COMMERCIAL BLVD 2ND FLOOR FT LAUDERDALE FL 33334		1299 EAST COMMERCIAL BLVD 2ND FLOOR FT LAUDERDALE FL 33334-4896		ACO75051
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
· · -	- 6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
200-	GAN, RICHARD ESG SOUTH BISCAYNE BLVD 20TH I	-LOOR	Street Address	B E. COMMENCIAL BUD WOENDALE FL Zio Code 3-64
8. The above	named entity sybmits this statement	t and title if applicable (NO	TE: Registered Agent signature requi	tered agent, or both, in the State of Florida. J. GAMBRILL PS/I/VD red when reinstating) DATE
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	After MAY 1, 2 Make Check Paya	VIII FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S	tate
11.	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gambrill, Paula J 1299 East Commercial Blv Ft Lauderdale Fl 33334	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	energy of a series of	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 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 his 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.

FILED

Sep 05, 2000 8:00 am Secretary of State

09-05-2000 90040 050 ***558.75