

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 031 ***158.75

DOCUMENT # **P99000041318**

1. Entity Name

WORLD CAPITAL. Com, INC.
P99000041318

DO NOT WRITE IN THIS SPACE

642678

2. Principal Place of Business

1330 E. COMMERCIAL BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

4. FEI Number

65-0916873

Applied For

Not Applicable

Zip

33334

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NICHOLAS NOLTER

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

1330 E. COMMERCIAL BLVD.

FT. LAUDERDALE

FL

Zip

33334

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

NICHOLAS NOLTER

4/12/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES. SEC. TREAS. DIRECTOR
NICHOLAS NOLTER
(SAME ADDRESS ABOVE)**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS NOLTER

Date

Daytime Phone #

CR2E034B (12/01)