

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051403

1. Entity Name

MOBILE HOME WORLD, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90013 047 ***150.00

Principal Place of Business

Mailing Address

9900 STIRLING ROAD
SUITE 405
COOPER CITY FL 33024

9900 STIRLING ROAD
SUITE 405
COOPER CITY FL 33024-8065

2. Principal Place of Business

5722 S. Flamingo Road

3. Mailing Address

5722 S. Flamingo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 328

328

City & State

Ft. Lauderdale Fla

City & State

Ft. Lauderdale, Fla

Zip

Country

Zip

Country

33330

USA

33330

USA

4. FEI Number

65-0932638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE SEPIO, WILLIAM JR.
9900 STIRLING ROAD
SUITE 405
COOPER CITY FL 33024

Name

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

5722 S. Flamingo Road #328

City

Ft. Lauderdale

FL

Zip Code

33330

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

Signature, typed or printed name of registered agent and title 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) ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DE SEPIO, WILLIAM JR.
9900 STIRLING ROAD, SUITE 405
COOPER CITY FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0011254



DO NOT WRITE IN THIS SPACE

1/31/99

454-472-9901