2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000062179 Apr 18, 2000 8:00 am Secretary of State WORLD TECHNOLOGIES, CORP. 04-18-2000 90187 025 ***150.00 Mailing Address Principal Place of Business 4044 N. MERIDIAN AVENUE SUITE 3E 4044 N. MERIDIAN AVENUE SUITE 3E MIAMI BEACH FL 33140-3322 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 3323 SW 4991 3323 SW 495T DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State FORT LAUDERBALLE FORT LAWORDALC Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3312 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDERY, RICA V Street Address (P.O. Box Number is Not Acceptable) 4044 N. MERIDIAN AVENUE SUITE 3E MIAMI BEACH FL 33140 purpuse of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS \$150.00 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PLESIDENT ☐ Delete TITLE DETAVIO RAU EDERY, RICA V NAME NAME 3323 EW 49 STREET FORTLANDENDAGE PL33312 4044 N. MERIDIAN AVENUE SUITE 3E STREET ADDRESS STREET ADDRESS PORT LAUDORDIALC PL. CITY-ST-ZIP 33312 CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true 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 appears, with all other like empowered.