

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064296

1. Entity Name

WORLD BAZAAR MARKETING, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

07-24-2000 90007 002 ***158.75
 09-18-2000 90006 048 ***391.25

Principal Place of Business
 216 KELSEY LANE
 TAMPA, FL 33619
 US

Mailing Address
 216 KELSEY LANE
 TAMPA, FL 33619
 US

2. Principal Place of Business
 216 KELSEY LANE
 Suite, Apt. #, etc.

3. Mailing Address
 216 KELSEY LANE
 Suite, Apt. #, etc.

City & State
 TAMPA FL

City & State
 TAMPA FL

4. FEI Number
 59-3637630

Applied For
 Not Applicable

7in 33619 Country U.S.

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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

RODRIGUEZ, MICHAEL E
 216 KELSEY LANE
 TAMPA FL 33619

Name
 RODRIGUEZ MICHAEL E
 Street Address (P.O. Box Number is Not Acceptable)
 216 KELSEY LANE
 City TAMPA FL 33619

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 reissuing)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
 NAME RODRIGUEZ, MICHAEL E
 STREET ADDRESS 216 KELSEY LANE
 CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE PSD
 NAME RODRIGUEZ, MICHAEL E
 STREET ADDRESS 216 KELSEY LANE
 CITY-ST-ZIP TAMPA FL 33619 ☒ Change ☐ Addition

TITLE D
 NAME RODRIGUEZ, JOSEPH F
 STREET ADDRESS 216 KELSEY LANE
 CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE VTD
 NAME RODRIGUEZ, JOSEPH F
 STREET ADDRESS 216 KELSEY LANE
 CITY-ST-ZIP TAMPA FL 33619 ☒ 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 ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 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)(g), 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]* **TE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #