

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90063 036 ***150.00

0350829

DOCUMENT # P99000064296

1. Entity Name
WORLD BAZAAR MARKETING, INC.

Principal Place of Business
216 KELSEY LANE
TAMPA FL 33619

Mailing Address
216 KELSEY LANE
TAMPA FL 33619

2. Principal Place of Business
20505 US HWY 19 N
 Suite, Apt. #, etc.
Suite 162

3. Mailing Address
20505 US HWY 19 N
 Suite, Apt. #, etc.
Suite 162

City & State
Clearwater, Florida

City & State
Clearwater, Florida

Zip
33764 Country
USA

Zip
33764 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3687630**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MICHAEL E
216 KELSEY LANE
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name **Michael E. Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
20505 US HWY 19 North
Suite 162
 City **Clearwater** **FL** Zip Code **33764**

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 **Michael E. Rodriguez** **04/02/01**
 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, 2001 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

TITLE **D** ☐ Delete
 NAME **RODRIGUEZ, MICHAEL E**
 STREET ADDRESS **5108 WEST HANNA AVENUE**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☒ Delete
 NAME **RODRIGUEZ, JOSEPH E**
 STREET ADDRESS **5108 WEST HANNA AVENUE**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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 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: **Michael E. Rodriguez** **04/02/01** **(727) 725-5299**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)