## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9900065533 May 18, 2000 8:00 am Secretary of State BUSINESS WORLD/GLOBAL, INC. 05-18-2000 90299 043 \*\*\*150.00 Mailing Address Principal Place of Business 1355 W PALMETTO PARK RD. SUITE 113 1355 W PALMETTO PARK RD, SUITE 113 BOCA RATON FL 33486-3303 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address 160 W. Camin 160 W Camibo R€AL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 260 City & State Applied For 65-0936369 oca Raton FL Not Applicable \$8.75 Additional Zip 33432 Country 5. Certificate of Status Desired IUSA 33 454 Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICCOBONO, MARIE Street Address (P.O. Box Number is Not Acceptable) 1355 W PALMETTO PARK RD, SUITE 113 amino **BOCA RATON FL 33486** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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 11. OFFICERS AND DIRECTORS Change TITI F ☐ Delete TITLE RICCOBONO, MARIE NAME NAME STREET ADDRESS 1355 W PALMETTO PARK RD, SUITE 113 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Defete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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-71P 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.

Daytime Phone #