

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90006 011 ***150.00

DOCUMENT # **P99000069936**

1. Entity Name
WORLD CLASS IMAGES, INC.

Principal Place of Business
7765 SW 87 AVE STE 102
MIAMI FL 33173

Mailing Address
7765 SW 87 AVE STE 102
MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0940313**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

SHERIDAN, DREW S
7765 SW 87 AVE STE 102
MIAMI FL 33173

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

City

FL

Zip Code

I, the undersigned, hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(Signature of Registered Agent and Fee Applicable)

(NOTE: Registered Agent must be a resident of the State of Florida)

DATE

9. This corporation is authorized to solicit its intangible
 Taxing requirement and elects to do so.
☐ (See instructions for details)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
☐ Delete	PSTD VEGA-SORRENTINI, DANIELLE 7765 SW 87 AVE STE 102 MIAMI FL 33173	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ 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)(b), 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 601, 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:

Danielle Vega-Sorrentini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (94)322-9545

Date

Daytime Phone #

CR2E034 (3/01)