

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90029 017 ***550.00

DOCUMENT # P99000079681

1. Entity Name

DIGITAL WORLD & CARERA, INC.

Principal Place of Business

**10020 NW 9 STREET CIRCLE #103
 MIAMI FL 33172**

Mailing Address

**10020 NW 9 STREET CIRCLE #103
 MIAMI FL 33172**

2. Principal Place of Business

**4563 W Info Bronson
 Suite, Apt. #, etc.
 Hwy 192**

3. Mailing Address

**1575 South Treasure Dr.
 Suite, Apt. #, etc.**

City & State

Kissimmee, FL

City & State

North Bay Village, FL

4. FEI Number

65-0947681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

Country

34746

OSCEOLA

Zip

33141

Country

DADE

6. Name and Address of Current Registered Agent

LIZARRAGA, JORGE I

**10020 NW 9 STREET CIRCLE #103
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 \$550.00
After September 12, 2001 Fee 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

TITLE **ST** ☒ Delete
 NAME **LIZARRAGA, JORGE I**
 STREET ADDRESS **10020 NW 9 STREET CIRCLE #103**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **P** ☐ Delete
 NAME **SANTOS, NELDO**
 STREET ADDRESS **1571 SOUTH TREASURE DRIVE**
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE **VP** ☐ Delete
 NAME **HERNANDEZ, JORGE A**
 STREET ADDRESS **4627 CASON COVE DR 1413**
 CITY-ST-ZIP **ORLANDO FL 32133**

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 **ST** ☐ Change ☒ Addition
 NAME **MARIELA LIZARRAGA**
 STREET ADDRESS **10020 NW 9 ST CL #103**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **VP** ☒ Change ☐ Addition
 NAME **HERNANDEZ, JORGE A**
 STREET ADDRESS **300 INDIAN POINT CIRCLE**
 CITY-ST-ZIP **KISSIMMEE, FL 34746**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 live empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0053211 AV

CR2E034 (5/01)