

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081490

1. Entity Name

WORLD HUB, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90062 025 ***150.00

Principal Place of Business

8205 N.W. 8TH PLACE
PLANTATION FL 33324

Mailing Address

8205 N.W. 8TH PLACE
PLANTATION FL 33324-1205

2. Principal Place of Business

445 POINCIANA ISLAND DR. P.O. Box 61-0400
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Miami BEACH, FL

City & State

N. Miami, FL

4. FEI Number

65-0950138

Applied For

Not Applicable

Zip

Country

33160

USA

Zip

Country

33261

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, KEN
8205 N.W. 8TH PLACE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

MORRIS, LINO G.

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

445 POINCIANA ISLAND DRIVE

City

N. Miami BEACH

FL

Zip Code

33160

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

3/2/00.

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. MORRIS, LINO G.
STREET ADDRESS	445 POINCIANA ISLAND DRIVE
CITY-ST-ZIP	N. Miami BEACH, FL 33160
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. GROSSMAN, NORMA.
STREET ADDRESS	445 POINCIANA ISLAND DRIVE
CITY-ST-ZIP	N. Miami BEACH, FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/2/00 (305) 940-8000

Date

Daytime Phone #

CR2E034 (9/99)