

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096094

1. Entity Name

~~GLOBAL TRANS INTERNATIONAL, INC.~~

World Depot, Inc.



FILED

00 JAN 24 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19361 SW 2 STREET
PEMBROKE PINES FL 33029

Mailing Address

19361 SW 2 STREET
PEMBROKE PINES FL 33029-5414

2. Principal Place of Business

21011 Johnson Street

3. Mailing Address

21011 Johnson Street

Suite, Apt. #, etc.

Unit 129

Suite, Apt. #, etc.

Unit 129

City & State

Pembroke pines, Florida

City & State

Pembroke pines, Florida

Zip

33029

Country

Zip

33029

Country

4. FEI Number

65-0958937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, JULIO A
10300 SUNSET DRIVE
SUITE 260
MIAMI FL 33173

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 \$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 ☐ Delete
NAME *D*
STREET ADDRESS *DI GRUCCIO HASSAN, MARIA ISABEL*
CITY-ST-ZIP *19361 SW 2 STREET
PEMBROKE PINES FL 33029*

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *HASSAN, CESAR J*
CITY-ST-ZIP *19361 SW 2 STREET
PEMBROKE PINES FL 33029*

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 ☐ Add
NAME *DI GRUCCIO HASSAN Maria Isabel*
STREET ADDRESS *21011 Johnson Street Unit 129*
CITY-ST-ZIP *Pembroke pines FL 33029*

TITLE ☒ Change ☐ Add
NAME *Cesar J HASSAN*
STREET ADDRESS *21011 Johnson Street Unit 129*
CITY-ST-ZIP *Pembroke pines, FL 33029*

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cesar J HASSAN

Date

Daytime Phone #

01-21-00 754-443-37