

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90008 043 ***550.00

DOCUMENT # P99000098593

1. Entity Name
GAMEWORLD INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
~~LAW OFFICES ELIZABETH C. PINES CONTE~~ ~~LAW OFFICES ELIZABETH C. PINES CONTE~~
~~3301 PONCE DE LEON BLVD. SUITE 200~~ ~~3301 PONCE DE LEON BLVD. SUITE 200~~
~~CORAL GABLES FL 33134~~ ~~CORAL GABLES FL 33134~~

2. Principal Place of Business 3. Mailing Address
7370 NW 36 ST **7370 NW 36 ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.
325-K **325-K**

City & State City & State
MIAMI, FLORIDA **MIAMI, FLORIDA**

Zip Country Zip Country
33166 **USA** **33166** **USA**

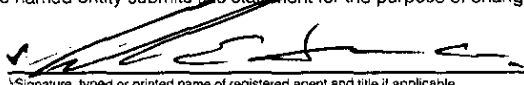
6. Name and Address of Current Registered Agent

~~PINES CONTE, ELIZABETH C ESQ.~~
~~3301 PONCE DE LEON BLVD.~~
~~SUITE 200~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **ARTURO E. TORRES**
 Street Address (P.O. Box Number is Not Acceptable)
7370 NW 36 ST
SUITE 325-K
 City **MIAMI** **FL** Zip Code **33166**

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  (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 13, 2000 Min. 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **TORRES, ARTURO ENRIQUE**
 CITY-ST-ZIP ~~3301 PONCE DE LEON BLVD. SUITE 200~~
~~CORAL GABLES FL 33134~~

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **RIVEN, TOMY**
 CITY-ST-ZIP ~~3301 PONCE DE LEON BLVD. SUITE 200~~
~~CORAL GABLES FL 33134~~

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SALAS-TORRES, LUISA**
 CITY-ST-ZIP ~~3301 PONCE DE LEON BLVD. SUITE 200~~
~~CORAL GABLES FL 33134~~

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 ☐ Addition
 NAME
 STREET ADDRESS **7370 NW 36 ST #325K**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7370 NW 36 ST #325K**
 CITY-ST-ZIP **MIAMI FL 33166**

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 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

8/18/00 786-8450033
 Date Daytime Phone #

CR2E034 (5/00)