

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P99000106727**

1. Entity Name

WORLD INTEGRATED MARKETING, INC

02 JUN 13 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4405 NW 73 AVE

3. Mailing Address

4405 NW 73 AVE

Suite, Apt. #, etc.

SB 010-100869

Suite, Apt. #, etc.

SB 010-100869

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0968067

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **MARTINA DIEZ**

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

4405 NW 100869

City **MIAMI**

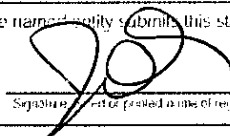
FL

Zip Code **33166**

**DO NOT WRITE
IN THIS SPACE**

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



MARTINA DIEZ

Signature of first or principal officer of registered agent and his or her address (NOTE: Registered Agent Signature is required when not doing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P**
NAME **MARTINA DIEZ**
STREET ADDRESS **4405 NW 73 AVE SB 010-100869**
CITY- ST- ZIP **MIAMI FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**200005869562--6
-06/19/02--01082--012
****150.00 ****150.00**

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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)(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 it 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 on an attachment with an address, with or without other like empowered.

SIGNATURE:



MARTINA DIEZ 07/10/02

305-716-9167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

02 JUN 13