FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 13 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106727

1. Entity Name

WORLD INTEGRATED MARKETING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4405 NW 73 AVE	4405 NW 73 AVE
Suite, Apt. #, etc. SB010-100869	Suite, Apt. #, etc. SB 010-100869
City & State MIAMI, FL	City & State MIAMI FL
Zip 33166 Country USA	Zip 33166 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0968067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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] MARTINA DIEZ

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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTINA DIEZ 4405 NW 73 AVE SB 010-100869 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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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARTINA DIEZ 07/10/02 305-716-9167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ac 6/14/02