

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90196 001 ***150.00

DOCUMENT # S08582

1. Entity Name
WORLD SALES, INC.

Principal Place of Business
8519 NW 72ND STREET
MIAMI FL 33166

Mailing Address
8519 NW 72ND STREET
MIAMI FL 33166

2. Principal Place of Business

8600 N.W. 81 Rd.
 Suite, Apt. #, etc.

3. Mailing Address

8600 N.W. 81 Rd.
 Suite, Apt. #, etc.

City & State

Medley, FL
 Zip Country

33178

Country

City & State

Medley, FL
 Zip Country

33178

Country

USA

4. FEI Number

65-0222713

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NAE, JOSE
11700 N.W. 100TH RD., SUITE #3
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name **Luis A. Perez**
Street Address (P.O. Box Number is Not Acceptable) **8600 N.W. 81 Rd.**
City **Medley** **FL** **Zip Code** **33178**

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

Luis A. Perez
 Signature, typed or printed name of registered agent and title if applicable.

Accountant

(NOTE: Registered Agent signature required when reinstating)

4/19/02
 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, 2002 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 **PS** ☐ Delete
NAME **CARRERAS, PABLO**
STREET ADDRESS **3899 N.W. 7TH ST., SUITE 203**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Pablo Carreras
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 *(305) 888-7957*
 Date Daytime Phone #

00000000



DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)