

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S65550

1. Entity Name

BI-WORLD INCORPORATED

FILED

Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90057 041 \*\*\*158.75

Principal Place of Business

4931 VENDUS AVE  
NEW PORT RICHEY FL 34652  
US

Mailing Address

4931 VENUS AVE  
NEW PORT RICHEY FL 34652-6156  
US

2. Principal Place of Business

1903 N. BARNES ST.  
Suite, Apt. #, etc.

3. Mailing Address

1903 N. BARNES ST.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

4. FEI Number

59-3085001

Applied For

Not Applicable

Zip

Country

33566

US

Zip

Country

33566

US

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANN, MARY ANNE  
4931 VENUS AVE  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

SYLVIA TORRES

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

1903 N. BARNES ST.

City

PLANT CITY

FL

Zip Code

33566

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

Sylvia Torres, President - SYLVIA TORRES 2-10-2000

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 PD  
NAME MANN, MARY ANNE  
STREET ADDRESS 4931 VENUS AVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SYLVIA TORRES  
STREET ADDRESS 1903 N. BARNES ST.  
CITY-ST-ZIP PLANT CITY, FL 33566

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Sylvia Torres Pres.  
SYLVIA TORRES, PRES.

2-10-2000 (813) 719-3035

Date

Daytime Phone #