2002 **UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90355 045 ***150.00

020453

DOCUMENT # V14045

1. Entity Name
WORCOM OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3034 SW 100 COURT MIAMI FL 33165	3034 SW 100 COURT MIAMI FL 33165

DEPARTMENT OF STATE

B0054156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	807 SW 25th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 201
City & State	City & State MIAMI, FL
Zip / Country	Zip 33135 / Country

4. FEI Number 65-0330277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ-ARCHE, MARIO 807 SW 25TH ST STE 201 MIAMI FL 33135	Name PEREZ-ARCHE, MARIO Street Address (P.O. Box Number is Not Acceptable) 807 SW 25th AVE STE 201 City MIAMI FL Zip Code 33135

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, 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUNEZ, ANTONIO ~~6401 SW 116 COURT #C~~ 11909 S.W. 78 Terrace ~~MIAMI FL~~ Miami, FL 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRO, ANTONIO E.NUNEZ ~~6401 SW 116 COURT #C~~ 11909 S.W. 78 Terrace ~~MIAMI FL~~ Miami, FL 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E031 (10/00)

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] ANTONIO NUNEZ 03/12/02 (305) 649 7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #