

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30940

1. Entity Name

WORLD PASS COMMUNICATIONS CORP.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90155 034 \*\*\*150.00

Principal Place of Business

Mailing Address

2999 NE 191ST ST  
STE 608  
MIAMI FL 33180  
US

2999 NE 191ST ST  
STE 608  
MIAMI FL 33180-3117  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0336715

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

SHALEV, SHAUL  
2999 NE 191ST ST  
STE 608  
MIAMI FL 33180

Name Horacio Spinelli  
Street Address (P.O. Box Number is Not Applicable) 2999 NE 191 Street Suite 608  
City Aventura FL Zip Code 33180-3117

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Delete
NAME	SZLAIFER, MARIANO	
STREET ADDRESS	2999 NE 191ST ST	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENENDEZ, MARIA	
STREET ADDRESS	2999 NE 191ST ST	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO PEREZ BUCCI	
STREET ADDRESS	2999 NE 191 ST #608	
CITY-ST-ZIP	Aventura FL 33180-3117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Perez Bucci 4/14/00 (305) 935-5425  
Date Daytime Phone #

CR2E034 (9/99)