

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007084 AT

**DOCUMENT # F02000006307**  
1. Entity Name  
**WORLDWIDE JET CHARTER, INC.**



FILED FILED

03 APR 2003 APR 29 9:26 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5525 NORTHWEST 15TH AVENUE, 1ST FLOOR  
FORT LAUDERDALE FL 33309

Mailing Address  
5525 NORTHWEST 15TH AVENUE, 1ST FLOOR  
FORT LAUDERDALE FL 33309



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
2085 Hurontario St.  
Ste. 200  
City & State  
Mississauga, Ontario  
Zip Country  
L5A 4G1 Canada

CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0385229**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ELLIS, BARRY**  
5525 NORTHWEST 15TH AVENUE, 1ST FLOOR  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP VANASSE, RAY 2085 HURONTARIO STREET, SUITE 200 MISSISSAUGA ONTARIO L5A4G1</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MACEDO, DULCE 2085 HURONTARIO STREET, SUITE 200 MISSISSAUGA ONTARIO L5A4G1</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Barry Ellis 5525 NW 15th Ave. Ste. 150 Ft. Lauderdale, FL 33309</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* Dulce Macedo Sec/Treas. Apr. 3, 03 (905) 803-8898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)