

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0290489 AV

DOCUMENT # F94000002891

1. Entity Name
WORLDWIDE TRAVEL SERVICE LIMITED INC.

04-16-2002 90160 027 ***150.00

Principal Place of Business W 1/2 85 QUAMINA STREET SOUTH CUMMINGSBURG GEORGETOWN GU GEO US	Mailing Address 1651 NE 115TH STREET UNIT 12C MIAMI FL 33181 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 16354 NW 13TH STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES, FL	4. FEI Number 65-0491221	Applied For <input type="checkbox"/> Not Applicable
Zip 33028	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SCOTT, JUNE MARIE
 1651 NE 115TH ST., UNIT 12C
 MIAMI FL 33181**

7. Name and Address of New Registered Agent
 Name
Scott, June-Marie
 Street Address (P.O. Box Number is Not Acceptable)
16354 NW 13th Street
 City
Pembroke Pines FL Zip Code
33028

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 June Marie Scott AGENT DATE 03/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FERNANDES, BERNARD A JR. 60 OLEANDER GARDENS GREATER GEORGETOWN GU	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDES, ANITA 60 OLEANDER GARDENS GREATER GEORGETOWN GU	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: June Marie Scott DATE 03/29/02 PHONE 954-442-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (9/01)