

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90285 041 ***250.00

DOCUMENT # **F94000002891**



1. Entity Name
WORLDWIDE TRAVEL SERVICE LIMITED INC.

Principal Place of Business
**W 1/2 85 QUAMINA STREET
SOUTH CUMMINGSBURG
GEORGETOWN GU GEO
US**

Mailing Address
**16359 NW 13TH ST
PEMBROKE PINES FL 33028
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0491221**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SCOTT, JUNE MARIE
16359 NW 13TH ST
PEMBROKE PINES FL 33028**

Name **JUNE-MARIE RAHIM**
Street Address (P.O. Box Number is Not Acceptable)
16359 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *JM Rahim* **JUNE-MARIE RAHIM / AGENT** 1/15/03
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CP	FERNANDES, BERNARD A JR.	60 OLEANDER GARDENS	GREATER GEORGETOWN GU				
SD	FERNANDES, ANITA	60 OLEANDER GARDENS	GREATER GEORGETOWN GU				

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: *JM Rahim* **JUNE-MARIE RAHIM / AGENT** 1/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)