

5/6/02

5/6/2002-90188-00

FILED
Aug 13, 2002 8:00 am
Secretary of State

05-06-2002 90188 001 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012814

1. Entity Name
WORLDTRADE INTERNATIONAL SERVICES, LLC

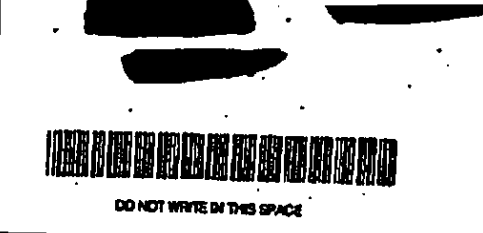
Principal Place of Business Mailing Address
234 EAST LAKE ROAD #208 234 EAST LAKE ROAD #208
PALM HARBOR FL 34683 PALM HARBOR FL 34683

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
JACOBSON, RICHARD A
801 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name: JOHN M. DAVIDSON
Street Address (P.O. Box Number is Not Acceptable): 1956 BAYSHORE BLVD.
City: DUNEDIN FL Zip Code: 34628

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]* DATE: 7/1/02

FILE NOW!!! FEE IS \$90.00
Make Check Payable to Department of State
Due By May 1, 2002

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE: Dr. Pierluigi Coralli STREET ADDRESS: Po Box 3008 CITY-ST-ZIP: CH6901 Lugano Switzerland <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the direct liability company or the recipient of whom appointment to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: 4/22/02

CHANGES (NEW)