


04-28-2003 91303 015 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000091023

1. Entity Name
P.T. WORLDWIDE, CORP.



11024236

| | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business 1001 BRICKELL BAY DR, STE 2600 MIAMI, FL 33131 | Mailing Address 1001 BRICKELL BAY DR, STE 2600 MIAMI, FL 33131 |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|------------------------------------------------------------------------------|------------------------------------------------------------------|



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GRISALES-RACINI, OSCAR
 1001 BRICKELL BAY DR, STE 2600
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Jacqueline Rodriguez
 Street Address (P.O. Box Number is Not Acceptable)
2655 LE JEUNE RD, 322
 City Coral Gables **FL** Zip Code 33134

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 Jacqueline Rodriguez DATE 3/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)

FILE NOW!!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$660.00
 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 | |
|----------------------------|---------------------------------------------------------------|
| TITLE | P <input type="checkbox"/> Delete TARUD JAAR, PABLO T |
| STREET ADDRESS | 1001 BRICKELL BAY DR, STE 2600 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | V <input type="checkbox"/> Delete URAN DE TARUD, CECILIA E |
| STREET ADDRESS | 1001 BRICKELL BAY DR, STE 2600 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 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 | |

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] DATE: 3/17/03 DAYTIME PHONE #: 305 350 0725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)