

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045359

1. Entity Name

LOOK WORLDWIDE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 011 ***150.00

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE 9TH FLOOR MIAMI FL 33131 US	801 BRICKELL AVENUE 9TH FLOOR MIAMI FL 33131-2945 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 420 LINCOLN RD.	3. Mailing Address 420 LINCOLN RD
Suite, Apt. #, etc. SUITE 331	Suite, Apt. #, etc. SUITE 331
City & State MIAMI BEACH, FL.	City & State MIAMI BEACH, FL.
Zip 33139	Country USA

4. FEI Number 65-0755164	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CABRERA, JOE SUITE 100 11533 S.W. 142ND COURT MIAMI FL 33186

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SANCHO, WILLIAM
STREET ADDRESS	801-BRICKELL-AVENUE 9TH-FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	V <input type="checkbox"/> Delete
NAME	SANCHO, VINCENT
STREET ADDRESS	801 BRICKELL AVENUE 9TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	420-LINCOLN-RD, SUITE 331
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	420 LINCOLN RD, SUITE 331
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
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	

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: VINCENT SANCHO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 305-674-3400
Date Daytime Phone #

CR2E034 (9/99)