FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2002 8:00 am P98000036516 DOCUMENT # **Secretary of State** 1. Entity Name 02-01-2002 90061 035 ***158.75 WORLD-WIDE BROKERS LTD. INC. Principal Place of Business Mailing Address +0000 G.W. 8TH ST ... -- 13800 S.W. 8TH ST #103-#103 MIAMI FL 23184 MIAMI FL 93184 2. Principal Place of Business 925 Sw 136 3. Mailing Address 136 PL, DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0829948 Wami Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 33181 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LEON, MARIA L Street Address (P.O. Box Number is Not Acceptable) -13800 S.W. 8TH ST #103----MIAMI-FL 33184 33184 The above named entition submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (r printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition (9/01) TITLE TITLE ☐ Delete Change Change DE LEON, MARIA L NAME NAME 925 SW 3134 PL **CR2E034** 13800 S.W. 6TH ST-STREET ADDRESS STREET ADDRESS MIAMI-FL-33184 CITY-ST-ZIP CITY-ST-ZIP TITLE ГП Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 leport 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 podrigss, with all other like empowered.