

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011548

1. Entity Name

WORLDWIDE PUBLISHING CORP.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90003 010 ***550.00

Principal Place of Business

140 CORTEZ RD.
WEST PALM BEACH FL 33405

Mailing Address

140 CORTEZ RD.
WEST PALM BEACH FL 33405

2. Principal Place of Business

1701 North Federal Hwy

3. Mailing Address

1701 North Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0559629

Applied For

Not Applicable

Zip

33460

Country

US

Zip

33460

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARTA, CHRISTINA M
140 CORTEZ RD.
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name Christina M. Sarta

Street Address (P.O. Box Number is Not Acceptable)

1701 North Federal Hwy.

City

Lake Worth

FL

Zip Code

33460

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

Christina M. Sarta Christina M. Sarta 7-5-00

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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	SARTA, CHRISTINA M	
STREET ADDRESS	140 CORTEZ RD	
CITY-ST-ZIP	W.P.B. FL 33405	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina M Sarta	
STREET ADDRESS	1701 North Federal Hwy	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina M Sarta	
STREET ADDRESS	140 CORTEZ RD	
CITY-ST-ZIP		
TITLE	Richard Sarta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1701 North Federal Hwy	
STREET ADDRESS	Lake Worth, FL 33460	
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:

Christina M. Sarta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-00

Date

361-547-0204

Daytime Phone #