2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000047295 **DOCUMENT #**

1. Entity Name



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90176 005 ***150.00

WORLD	WHOLES	ALE NETWORK, I	INC.					01-13-2003				
Principal Place of Business 2200 N. RIVERSIDE DR. POMPANO BEACH FL 33062			2200 N	Mailing Address 2200 N. RIVERSIDE DR. POMPANO BEACH FL 33062				I ibbniba e ki t ibbni ibbni brin brin	88 191 88 914 9 18	14 6 0 0 5 0 10 06	i (518) stil tesi	
2. Principa	Place of Busi	ness	3. Mail	ling Address								
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE II	- MAKING (CHANGES	6	
City & St	ate		City & State				4	4. FEI Number 65-0758422 Applied For				
Zip	Zip Country		Zip	Zip		Country		. Certificate of Status Desired				
	6. Name	e and Address of Currer	nt Registere	d Agent		<u> </u>		. Name and Address of New Re				
	NO, MARK A					Name	<u> </u>	. Hame and Address of New Ne	gistered Ag	jent		
2200 N. RIVERSIDE DR.						Street Address (P.O. Box Number is Not Acceptable)						
POMPANO BEACH FL 33062												
	<u>-</u>					City		,	FL	Zip Cod	1	
8. The above the obligation	re named entit ations of regist	y submits this statement tered agent.	for the purpo	ose of changing its r	egistere	ed office or r	egistered a	agent, or both, in the State of Flori	da. I am far	miliar with,	, and accept	
SIGNATURE	Signature typed	or printed name of registered ager										
		!! FEE IS \$150.00	n and title if applic	cable. (NOTE:	Registered	d Agent signature	required when	n reinstating)	DATE			
Afte	er May 1, 200	03 Fee will be \$550.00 Florida Department) of State					 Election Campaign Final Trust Fund Contribution. 	ncing		00 May Be d to Fees	
10.	·	OFFICERS AND	DIRECTOR	is	11.					IDECTOR	CINI	
TITLE	D				• • • •	- -				IRECTOR		
NAME	DIMARTING), MARK A		Doloto	TITI C		- 	ADDITIONS/CHANGES TO OFFIC		7.0		
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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 smoowered 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF SER OR DIRECTOR

☐ Delete

☐ Change

Addition