

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # 579616

1. Entity Name

WORLDWIDE ART GUILD, INC.

Principal Place of Business

10950 BAL HARBOR DRIVE
BOCA RATON, FL 33498

Mailing Address

BLAKESBERG & CO CPA'S
951 SW 4th AVE
BOCA RATON, FL 33432-5803

FILED
00 OCT 27 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1844604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK STEINGARD

10950 BAL HARBOR DRIVE
BOCA RATON, FL 33498

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STEINGARD, MARK
STREET ADDRESS 10950 BAL HARBOR DRIVE
CITY-ST-ZIP BOCA RATON, FL 33498 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400003459714--2
CITY-ST-ZIP -11/09/00--01115--025
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

2012

WORLDWIDE ART GUILD, INC.
P.O. BOX 140
BOCA RATON, FL 33429

(561) 479-1506

October 18, 2000

To Whom It May Concern:

As of this date I have not yet received my annual report form for the year 2000. Per my conversation with your office, they have advised me to send a copy of of this form filled out with the most current information. Enclosed is a check for \$150.00. Please see that address is as shown on the form for the future year filing. Thank you for your assistance with this matter.

Sincerely,



Mark Steingard.
President