

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90132 019 ***150.00

DOCUMENT # **LO1000018827** ✓
1. Entity Name **World Wide Ventures LLC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **225 NE Mizner Blvd** 3. Mailing Address **225 NE Mizner Blvd**
Suite, Apt. #, etc. **Suite 300** Suite, Apt. #, etc. **Suite 300**
City & State **Boca Raton FL** City & State **Boca Raton FL**
Zip **33432** Country **USA** Zip **33432** Country **USA**

APPLIED FOR
4. FEI Number **65-0749967** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Lawrence Steffman**
Street Address (P.O. Box Number is Not Acceptable) **2850 NW 26th Court**
City & State **Boca Raton FL** Zip **33434**

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 **Lawrence Steffman** **[Signature]** **4/22/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President - Managing Partner Lawrence Steffman 2850 NW 26th Ct Boca Raton FL 33434	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)