

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000021760**

1. Entity Name

WORLD WIDE TOWERS AND TECHNOLOGIES, LLC**FILED****2002 OCT 14 AM 11:00****DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

Principal Place of Business

6980 WALLIS ROAD
#2C
WEST PALM BEACH FL 33413
US

Mailing Address

6980 WALLIS ROAD
#2C
WEST PALM BEACH FL 33413
US

2. Principal Place of Business

5310 NW 88 Ave B103
Suite, Apt. #, etc.
B103

3. Mailing Address

5310 NW 88 Ave B103
Suite, Apt. #, etc.
B103

City & State

Lauderhill Fl.

City & State

Lauderhill Fl.

Zip

Country

33351 Broward

Zip

Country

33351 Broward

4. FEI Number

01-0701361

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHRADER, JAMES L
1930 WEST CHATHAM ROAD
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name **Rick Cooper**

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

5310 NW 88 Ave B-103

City **Lauderhill**

FL

Zip Code **33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

21 Sep 02

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **Manager**
NAME **Rick A Cooper**
STREET ADDRESS **5310 NW 88 Ave B-103**
CITY-ST-ZIP **Lauderhill FL 33351**☐ Delete☐ Change☐ AdditionTITLE **Managing member**
NAME **James Shrader**
STREET ADDRESS **1930 West Chatham Rd**
CITY-ST-ZIP **West Palm Beach 33415**☒ Delete☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**954-608
30802 1772**

CR2E083 (4/02)