

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90020 001 \*\*\*\*50.00

**DOCUMENT # L02000006241**

1. Entity Name

**WORLD TRADE MANAGEMENT LLC**



Principal Place of Business

**1555 PALM BEACH LAKES BLVD., SUITE 1510  
WEST PALM BEACH FL 33401**

Mailing Address

**1555 PALM BEACH LAKES BLVD., SUITE 1510  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

**301 Clematis St.  
Suite, Apt. #, etc.  
3000**

3. Mailing Address

**301 Clematis St.  
Suite, Apt. #, etc.  
3000**

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

4. FEI Number

**02-0569722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LESHER, GERALD S  
1555 PALM BEACH LAKES BLVD., SUITE 1510  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name  
**Alfred Zucaro**

Street Address (P.O. Box Number is Not Acceptable)  
**255 Evernia Street #604**

City  
**West Palm Beach**

FL

Zip Code  
**33401**

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)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing Member  
Alfred Zucaro  
255 Evernia Street #604  
West Palm Beach, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing Member  
Louis Haddad  
163 Hampton Place  
Jupiter, FL 33458** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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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 #

CR2E083 (10/02)