

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006610 AF

DOCUMENT # **L96000000449**

1. Entity Name  
**WHOLESALE WORLD, L.C.**

7 FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:30

|   |  |
|---|--|
| Principal Place of Business<br>2701 NW 107TH AV<br>#201<br>MIAMI FL 33172 | Mailing Address<br>2701 NW 107TH AV<br>#201<br>MIAMI FL 33326-6410 |
|---|--|



|   |  |
|---|--|
| 2. Principal Place of Business<br><b>15851 SW 41 STREET</b> | 3. Mailing Address<br><b>PO BOX 266410</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

|   |                                  |   |  |
|---|----------------------------------|---|--|
| Suite, Apt. #, etc.<br><b>SUITE # 500</b> | Suite, Apt. #, etc.              | 4. FEI Number<br><b>65-0659133</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br><b>WESTON FL</b>          | City & State<br><b>WESTON FL</b> | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |
| Zip<br><b>33331</b>                       | Country<br><b>USA</b>            | Zip<br><b>33326</b>                                       | Country<br><b>USA</b>                                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION COMPANY OF MIAMI<br/>1500 MIAMI CENTER<br/>201 S. BISCAYNE BLVD.<br/>MIAMI FL 33131</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---|--|

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS                      |                                 |  | 10. ADDITIONAL CHANGES |                                 |                                   |
|--|---------------------------------|--|------------------------|---------------------------------|-----------------------------------|
| TITLE<br><b>MGR</b>                                | <input type="checkbox"/> Delete |  | TITLE                  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME<br><b>NUCCI, AUGUSTO</b>                      |                                 |  | NAME                   |                                 |                                   |
| STREET ADDRESS<br><b>3767 PINE LAKES DR.</b>       |                                 |  | STREET ADDRESS         |                                 |                                   |
| CITY-ST-ZIP<br><b>FT. LAUDERDALE FL 33332-2101</b> |                                 |  | CITY-ST-ZIP            |                                 |                                   |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                                 |  | NAME                   |                                 |                                   |
| STREET ADDRESS                                     |                                 |  | STREET ADDRESS         |                                 |                                   |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP            |                                 |                                   |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                                 |  | NAME                   |                                 |                                   |
| STREET ADDRESS                                     |                                 |  | STREET ADDRESS         |                                 |                                   |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP            |                                 |                                   |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                                 |  | NAME                   |                                 |                                   |
| STREET ADDRESS                                     |                                 |  | STREET ADDRESS         |                                 |                                   |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP            |                                 |                                   |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                                 |  | NAME                   |                                 |                                   |
| STREET ADDRESS                                     |                                 |  | STREET ADDRESS         |                                 |                                   |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP            |                                 |                                   |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME   |                                 |  | NAME                   |                                 |                                   |
| STREET ADDRESS                                     |                                 |  | STREET ADDRESS         |                                 |                                   |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP            |                                 |                                   |

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** 03/10/2000 (954) 217-2980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #