

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90194 041 \*\*\*\*50.00

**DOCUMENT # L96000000449**

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

Principal Place of Business  
**15851 SW 41 ST., SUITE #500  
 WESTON FL 33331**

Mailing Address  
**PO BOX 266410  
 WESTON FL 33326**

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 **65-0659133**  
 Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
 1500 MIAMI CENTER  
 201 S. BISCAYNE BLVD.  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NUCCI, AUGUSTO 3767 PINE LAKES DR. FT. LAUDERDALE FL 33332-2101</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (9/01)

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: **AUGUSTO J. NUCCI / PRESIDENT** **04/22/02** **954-217-2980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date