

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90133 002 ****50.00

DOCUMENT # L99000007062

1. Entity Name

WORLDWIDE ENTERPRISES, L.L.C.



Principal Place of Business

**8053 OAK PARK ROAD
ORLANDO FL 32819**

Mailing Address

**8053 OAK PARK ROAD
ORLANDO FL 32819**

2. Principal Place of Business

101, SOUTH OLD COACHMAN ROAD

3. Mailing Address

101, S. OLD COACHMAN RD.

Suite, Apt. #, etc.

APT. #120

Suite, Apt. #, etc.

APT #120

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

Country

33765

USA

Zip

Country

33765

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASTER, JITEN J

**8053 OAK PARK ROAD
ORLANDO FL 32819**

Name

MASTER, JITEN J.

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

101, S. OLD COACHMAN ROAD

APT. #120

City

CLEARWATER, FL

FL

Zip Code

33765

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

Jan 3rd, 2003

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MASTER, JITEN J**
STREET ADDRESS **8053 OAK PARK ROAD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **101, S. OLD COACHMAN RD. APT #120**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **MGR** ☐ Delete
NAME **MASTER, VASANTI J**
STREET ADDRESS **8053 OAK PARK ROAD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **101, S. OLD COACHMAN RD. APT 120**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

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

1-3-03

727-723-7687

Date

Daytime Phone #

CR2E083 (10/02)