

**2002 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000007656

1. Entity Name

WORLDWIDE INTERNATIONAL TRADING AND CONSULTING LLC

**DO NOT WRITE IN THIS SPACE**

967509

2. Principal Place of Business

8875 Hidden River Parkway Suite 300

3. Mailing Address

18805 Duquesne Drive

Suite, Apt. #, etc.

Attn: Mark Hankins

Suite, Apt. #, etc.

Attn: Mark Hankins

City & State

Tampa, FL

City & State

Tampa, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33673

Country  
USA

Zip  
33647

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Florida Incorporators, Inc.

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

8875 Hidden River Parkway Suite 300

City Tampa

FL

Zip Code 33637

**DO NOT WRITE  
IN THIS SPACE**

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



Mark Hankins, President

04/15/02

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
MGR IRVIN BONCAMPER 22 CAYON STREET BASSETTERRE ST. KITTS, WEST INDIES	

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

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 605, Florida Statutes.

SIGNATURE:



Irvin Boncamper, Manager

04/15/02

888-352-2677

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

Date

Daytime Phone #