

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-01-2003 90975 022 ****61.25

DOCUMENT # N02000002266

1. Entity Name

WORLD TECHNOLOGY & TRADE CHAMBER OF COMMERCE CORP.



Principal Place of Business

1900 WEST COMMERCIAL BOULEVARD
SUITE 124
FORT LAUDERDALE FL 33309

Mailing Address

POST OFFICE BOX 5843
FORT LAUDERDALE FL 33310

55044711



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5527 W Oakland Park Blvd
Suite, Apt. #, etc.
1000

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill
Zip
33313

Country

U.S.A

City & State

Zip

Country

4. FEI Number

04-3629472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHUTTE, BERNHARD T
STREET ADDRESS 1900 WEST COMMERCIAL BOULEVARD SUITE 124
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☐ Delete

TITLE VSD
NAME BERNTHALER, THOMAS
STREET ADDRESS 1900 WEST COMMERCIAL BOULEVARD SUITE 124
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☒ Delete

TITLE VTD
NAME WITTMANN, MATTHIAS
STREET ADDRESS 1900 WEST COMMERCIAL BOULEVARD SUITE 124
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☒ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

12. 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 or supplemental report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, name or other like empowered.

SIGNATURE: *X*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

Daytime Phone #

CR2E037 (10/02)