## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000004244

Entity Name: WORLD WIDE REFUGEE & RELIEF SERVICES, INC.

FILED Sep 10, 2003 Secretary of State

	incipal Place of 5TH AVENUE 33169	of Business:	New Princ	cipal Place of Business:
Current Mailing Address:			New Mailii	ing Address:
19711 NW MIAMI, FL	5TH AVENUE 33169			
FEI Number:	65-0938332	FEI Number Applied For ( )	FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and				Address of New Registered Agent:
	, STEFANO S . 5TH AVENUE 33169 US			
The above in the State		ubmits this statement for the pur	pose of changing it	its registered office or registered agent, or both,
SIGNATUR				
	Electronic	Signature of Registered Agent		Date
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () E STEFANOS, ZER 19711 N.W. 5TH MIAMI, FL 33169	AVENUE	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition STEFANOS, ZEREZGHI H 19711 N.W. 5TH AVENUE MIAMI, FL 33169
Title: Name: Address: City-St-Zip:	VP () E KARAKAS, OMER 8920 N.W. 8TH S MIAMI, FL 33172	STREET	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition TECLEMARIAM, FREWEINI 19711 N.W. 5TH. AVENUE MIAMI, FL 33169
Title: Name: Address: City-St-Zip:	T () E STEFANOS, KUF 341 N.W.206TH S MIAMI, FL 33169	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () C GEBI, TAMUNA 1105 N.W. 16TH MIAMI, FL 33136		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STEFANOS, ABRAHAZION 20520 N.W. 15 TH. AVENUE MIAMI, FL 33169
Title: Name: Address: City-St-Zin:	D () E RONKE, AGEKEN 12905 S.W. 1041 MIAMILEL 33196	TH STREET	Title: Name: Address: City-St-Zin:	D (X) Change ( ) Addition BEYENE, TSION 341 N.W. 206TH. STREET MIAMI FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZEREZGHI STEFANOS P 09/10/2003