

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90310 001 ***150.00

DOCUMENT # P00000009176

1. Entity Name

WME WORLDWIDE, INC. ✓

Principal Place of Business

Mailing Address

WME WORLDWIDE, INC. 6824 N.W. 169th St.
 MIAMI, FL 33015

2. Principal Place of Business

3. Mailing Address

~~6824 N.W. 169th St.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0988593

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTHA PORRO
 18776 N.W. 80 AVE.
 HIALEAH, FL 33015

Name

EFRAIN WARENS

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

6824 NW. 169th St.

City

MIAMI

FL

Zip Code

33015

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

Efrain Warens

Director

2/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~DIRECTOR~~ ☒ Delete
 NAME WILLIAM PORRO
 STREET ADDRESS 18776 NW. 80 AVE
 CITY-ST-ZIP HIALEAH, FL 33015

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

TITLE ~~DIRECTOR~~ ☒ Delete
 NAME MARTHA PORRO
 STREET ADDRESS 18776 NW. 80 AVE
 CITY-ST-ZIP HIALEAH, FL 33015

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

TITLE ~~DIRECTOR~~ ☐ Delete
 NAME EFRAIN WARENS
 STREET ADDRESS 18776 NW. 80 AVE
 CITY-ST-ZIP HIALEAH, FL 33015

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 accurate 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Efrain Warens Director

2/20/01

(305-4796805)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)